DOCUMENT RESUME

ED 427 443 EC 307 005

| | |
|---|---|
| AUTHOR | Boyd, Barbara; Harker, Heather; Scoggins, Bobbie Beth |
| TITLE | Providing Adequate Services for the Deaf and Hard of Hearing Population in the Commonwealth [of Kentucky]: A Strategic and Long Range Plan. A Task Force Report to the Governor and the Legislative Commission. |
| INSTITUTION | Kentucky State Commission on the Deaf and Hard of Hearing, Frankfort.; Kentucky State Education, Arts, and Humanities Cabinet, Frankfort. |
| PUB DATE | 1995-07-01 |
| NOTE | 157p. |
| PUB TYPE | Reports - Evaluative (142) |
| EDRS PRICE | MF01/PC07 Plus Postage. |
| DESCRIPTORS | Adult Education; Deaf Interpreting; *Deafness; Delivery Systems; Early Intervention; Educational Needs; *Hearing Impairments; Human Services; Integrated Services; Long Range Planning; Mental Health Programs; *Needs Assessment; *Partial Hearing; State Aid; State Standards; *Statewide Planning; *Strategic Planning; Technology; Vocational Rehabilitation |
| IDENTIFIERS | *Kentucky |

ABSTRACT

This report to the Kentucky State Legislature and Governor on the needs of the state's hearing impaired population was developed with information from 40 state agencies, 25 consumer organizations, and 135 deaf and hard of hearing individuals. Fifteen recommendations are offered with specific suggestions for required funding and possible funding sources. Introductory information includes mission statements, cover letters, an executive summary, a statement of methodology, and a brief history and summary of current services. Recommendations along with supporting documentation are organized into adult services and educational services. Recommendations for adult services address: (1) interpreting (including quality/standards, training, and a statewide referral center); (2) human services (regional community access/service centers and services for the elderly with hearing impairments); (3) mental health (mental health and substance abuse services); (4) technology (information technology services); (5) workforce development services (vocational rehabilitation and adult education/literacy). Recommendations for educational services focus on early intervention/preschool services, program standards for K-12 services, the statewide resource center on deafness, educational interpreting, and quality and quantity of educational staff. A glossary is included. (Contains approximately 200 references.) (DB)

********************************************************************************
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
********************************************************************************

EC

ED 427 443

# PROVIDING ADEQUATE SERVICES FOR THE DEAF AND HARD OF HEARING POPULATION IN THE COMMONWEALTH

# A STRATEGIC AND LONG RANGE PLAN

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Scoggins
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

## A TASK FORCE REPORT

**to**
**The Governor and the**
**Legislative Research Commission**

**submitted by**
**The Kentucky Commission on the Deaf and Hard of Hearing**
**and the Education, Arts, and Humanities Cabinet**

**July 1, 1995**

EC 307005

BEST COPY AVAILABLE

# PROVIDING ADEQUATE SERVICES FOR THE DEAF AND HARD OF HEARING POPULATION IN THE COMMONWEALTH

# A STRATEGIC AND LONG RANGE PLAN

## A TASK FORCE REPORT

*What matters, deafness of the ear, when the mind hears.*
*The one true deafness, the incurable deafness, is that of the mind.*
**Victor Hugo to Ferdinand Berthier**
**November 25, 1845**

BEST COPY AVAILABLE

# MISSION STATEMENTS of the Task Force and KCDHH

*"We have to throw out this notion where we can sit in Frankfort and design the system. It has to be driven from the ground up."*

**Teresa Suter, Commissioner of Adult Education and Literacy 1995**

## Mission of the Task Force

It is the specific intent of the Commonwealth of Kentucky to provide access and equitable opportunities for deaf and hard of hearing Kentuckians. Our goal is to help each deaf and hard of hearing individual achieve maximum participation and productivity in society. This can be accomplished through direct and indirect services. To ensure quality programs and services, a model for integration, collaboration, partnership, and reciprocity will be developed with all appropriate state agencies, local education agencies, parent groups, and colleges and universities. The Task Force on Services to Persons who are Deaf or Hard of Hearing will provide innovative leadership and make recommendations to the General Assembly to develop a strategic and long-range plan to provide adequate services to deaf, hard of hearing, deaf-blind, and deaf multi-disabled individuals in the areas of education, employment, human services, accessibility, certification of interpreters, staff development, parent/public awareness, and advocacy.

*"Now the government is not ignoring us. We now can be proud of our accomplishments. Now they can see – and hear – us!"*

**Eddie Johnson, President of Kentucky School for the Deaf Alumni Association , upon first visiting KCDHH's new home office 1995**

## Mission of the Kentucky Commission on Deaf and Hard of Hearing

To eliminate communication barriers and to guarantee equal access for people who are deaf and hard of hearing in the same manner as is available to all other people of the Commonwealth is the mission of the Kentucky Commission on the Deaf and Hard of Hearing. The KCDHH shall be an advocate for deaf and hard of hearing people of all ages to enable them to express their freedom, to participate in society to their individual potential, and to reduce their isolation regardless of location, socioeconomic status, or degree of hearing loss. The KCDHH is committed to improving the quality of life for deaf and hard of hearing Kentuckians through educational, cultural, intellectual, and economic benefits essential to all Kentuckians.

# TABLE OF CONTENTS

*"What you rightfully want is not to have everything done for you . . . but the opportunity to do for yourselves in shaping the society in which you live."*

**Nelson A. Rockefeller**
**Vice President of the United States**
**July, 1975**

Title Page ..... i
Mission Statements ..... ii
Copyright Page ..... iv
Cover Letter ..... v
Dedication ..... vi
Foreword ..... vii
Introduction ..... viii
Executive Summary ..... ix
Methodology ..... xii
History and Current Services ..... xix

**ADULT SERVICES:**
**RECOMMENDATIONS FOR STRATEGIC ACTIONS**

Interpreting:

- Quality and Standards ..... 1
- Training ..... 8
- Statewide Referral Center ..... 15

Human Services:

- Regional Community Access/Service Centers ..... 19
- Elderly Deaf and Hard of Hearing Persons ..... 29

Mental Health:

- Mental Health Services ..... 32
- Substance Abuse Services ..... 45

Technology:

- Information Technology Services ..... 51

Workforce Development Services:

- Vocational Rehabilitation ..... 63
- Adult Education and Literacy ..... 69

**EDUCATIONAL SERVICES:**
**RECOMMENDATIONS FOR STRATEGIC ACTIONS**

- Early Intervention/Preschool Services ..... 74
- Program Standards for K-12 Services ..... 78
- Statewide Resource Center on Deafness ..... 84
- Educational Interpreting ..... 89
- Quality and Quantity of Educational Staff ..... 95

Task Force Participants ..... 99
Glossary ..... 116
References ..... 123

# REPORT PREPARATION

***"In Kentucky, deaf and hard of hearing persons are involved in the whole scheme of life, empowered to experience the totality of change, by creating their own very unique paradigm shift."***

**Bobbie Beth Scoggins, 1995**

Report prepared by:

Barbara Boyd, Ph.D.
Consultant
California State University, Northridge

Heather Harker, B.A.
Special Projects Coordinator, KCDHH

Bobbie Beth Scoggins, Ed.D.
Executive Director, KCDHH

Copyright © 1995
Kentucky Commission on Deaf and Hard of Hearing
632 Versailles Road
Frankfort, Kentucky 40601

(800) 372-2907 (V/TTY)
(502) 573-2604 (V/TTY)
(502) 573-3594 (Fax)

December 7, 1995

The Honorable Brereton C. Jones
Governor, Commonwealth of Kentucky
Room 100, State Capitol
Frankfort, KY 40601

The Honorable Don Cetrulo
Director, Legislative Research Commission
Room 300, State Capitol
Frankfort, KY 40601

Dear Governor Jones and Mr. Cetrulo:

This report of the Task Force on Services to Persons who are Deaf and Hard of Hearing marks a significant accomplishment for the Education, Arts and Humanities Cabinet and the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH). The first of its kind in Kentucky, this collaborative effort includes the suggestions and recommendations of 40 state agencies, 25 consumer organizations, and 135 individual participants. Further, it provides an overview of the current services available to our deaf and hard of hearing population; it identifies and addresses needs where services are not available or accessible; and it offers recommendations in the form of a strategic and long-range plan to provide adequate services to this segment of our population.

This plan signals an end to the first phase of our effort to ensure deaf and hard of hearing Kentuckians an equitable standard of living. The Task Force members include the Cabinet Secretaries for Education, Arts, and Humanities, Human Resources and Workforce Development; Executive Directors of the KCDHH and the Council on Higher Education; the Commissioner of Education; and the KCDHH Chair. All are committed to the necessary collaborative efforts to fully implement this strategic and long-range plan.

Sincerely,

Sherry K Jelsma

Secretary Sherry K. Jelsma, Co-Chair
Education, Arts and Humanities Cabinet

Bobbie Beth Scoggins

Bobbie Beth Scoggins, Ed.D., Co-Chair
Executive Director, KCDHH

BEST COPY AVAILABLE

# DEDICATION

May this Task Force report be the catalyst for persons who are deaf, hard of hearing, deaf-blind, recently deafened, and multiple-disabled . . .
to become self-actualized,
to be empowered,
to engage full-force in the mainstream, and
to exercise all rights as citizens of Kentucky and America.

To all Kentuckians, from east to west and north to south, we dedicate this report — knowing that divided, we fall — but united, we stand strong.

# FOREWORD

This Task Force Report comprising a Strategic and Long Range Plan for Providing Adequate Services for the Deaf and Hard of Hearing Population in the Commonwealth marks the first time in Kentucky's history that both public and private groups have met to discuss, assess, and make recommendations concerning the delivery of services to our deaf and hard of hearing community. This need was communicated to the legislature through Dr. Bobbie Beth Scoggins, Executive Director of the Kentucky Commission on the Deaf and Hard of Hearing, during the legislative committee review of the Education, Arts, and Humanities Cabinet. The Task Force was then established and this report was required by action of the 1994 legislature.

> *"The underlying tenets [of the Task Force] include collaboration, elimination of duplication, quality and efficiency of service delivery, but* ***foremost, attention to the needs of the consumers, the deaf and hard of hearing community of Kentucky."***
> **Sherry K. Jelsma, Secretary**
> **Education, Arts, and Humanities**

The work of this report has been driven by both the legislative order and the principles of Governor Brereton Jones Administration's Task Force on Quality and Efficiency, as well as the goals of the Education, Arts, and Humanities Cabinet. The underlying tenets include collaboration, elimination of duplication, quality and efficiency of service delivery, but foremost, attention to the needs of the consumers, the deaf and hard of hearing community of Kentucky.

The Task Force Report represents a work in progress. The collaborative nature of our study has produced new opportunities to share resources, both human and fiscal. Exactly how those resources can be shared to benefit the deaf and hard of hearing community is what takes time, energy, and commitment. This collaborative process, now established, will be the greatest benefit of the Task Force. We have worked with the combined ideas of 40 state agencies, 25 consumer organizations, and 135 individual participants during the last months. Trust and communication is being further developed among members of the involved cabinets. This is critical to bettering service delivery to the deaf and hard of hearing community. All members involved, the Workforce Development Cabinet, Cabinet for Human Resources, Council on Higher Education, and Education, Arts and Humanities Cabinet, have focused on identifying needs, areas of duplication and areas in which resources can be shared for common service delivery objectives. This is the essential and lasting piece of this Task Force.

We thank the General Assembly for giving us this opportunity to establish a true working relationship with Cabinets involved in serving the needs of Kentucky's deaf and hard of hearing community. We plan to continue our work and report our progress and findings to both the Governor and the General Assembly on a regular basis.

Sherry K. Jelsma, Secretary
Education, Arts, and Humanities Cabinet

# INTRODUCTION

This is the very first significant and broad-stroke study regarding the sufficiency of programs and services provided by the Commonwealth on behalf of deaf and hard of hearing citizens of Kentucky. This is a Strategic and Long-Range Plan designed to close gaps and develop a comprehensive yet economical offering of programs and services to eliminate communication barriers, and to guarantee equal access for the people who are deaf and hard of hearing, in the same manner as is available to all other people of the Commonwealth. The programs and services recommended herein will improve the quality of life for deaf and hard of hearing Kentuckians through increased educational, cultural, intellectual, and economic benefits essential to all Kentuckians.

*". . . the very first significant and broad-stroke study regarding the sufficiency of programs and services provided by the Commonwealth of Kentucky in behalf of deaf and hard of hearing citizens of Kentucky."*
**Bobbie Beth Scoggins, Executive Director Kentucky Commission on the Deaf and Hard of Hearing**

The enormity of the task before us, to ensure equality provided for deaf and hard of hearing persons in Kentucky by the laws of our land and revealed in this Task Force Report on Services to Persons who are Deaf or Hard of Hearing, is mind boggling and yet challenging in a fascinating manner. It is not unlike the announcement by President John F. Kennedy of the national goal of placing a man on the moon within a decade.

Feelings of great anticipation and pleasure are mixed with the foreknowledge that the task we assume is monumental indeed. Through the haze of that realization the Task Force members and I submit this report.

Our challenge is to believe that it is possible to achieve our goals. But we must be willing to make the investment in human potential. We must also be ready to utilize the resources of the Commonwealth. Only then can we be sure that the future holds the same opportunities for participation, productivity, success, and happiness for deaf and hard of hearing persons as for all Kentuckians.

The Task Force members propose a straightforward strategic and long-range plan. The report represents a substantial challenge worthy of our people, worthy of becoming the social and educational policy of Kentucky, and worthy of persons who are deaf, hard of hearing, deaf-blind, and deaf multi-disabled, both of the present and of the future.

Let us be about the task.

Bobbie Beth Scoggins, Ed.D.
Executive Director, KCDHH

## Executive Summary

The 1994 General Assembly, via the FB 1994-96 Final Budget Memorandum of the 1994 Special Session, directed the Education, Arts, and Humanities Cabinet (EAH), and the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH), to establish a Task Force on Services to Persons Who are Deaf or Hard of Hearing. In so doing, the General Assembly recognized "the need for expanded and improved services for the deaf and hard of hearing . . . [and] that the array of services now provided may be fragmented, inefficient, and inaccessible." In keeping with this mandate, the Kentucky Commission on the Deaf and Hard of Hearing, with the Education, Arts, and Humanities Cabinet, present this report on Providing Adequate Services for the Deaf and Hard of Hearing Population in the Commonwealth. The report was developed with in-depth input from 40 state agencies, 25 consumer organizations, and 135 deaf and hard of hearing individuals.

The Task Force was charged with identifying gaps and barriers in services, determining where and to what extent duplication does or does not occur, and recommending action which will serve to close gaps and remove barriers, while utilizing partnerships and collaboration among both public and private agencies which provide services.

- The Task Force members were deeply concerned regarding the crisis of the lack of qualified sign language interpreters throughout the Commonwealth. Kentucky offers only 31 certified interpreters to serve an estimated deaf and hard of hearing population of 371,000 persons. Standards from other states with "adequate" interpreter/ population ratios show one certified interpreter per 1,271 deaf and hard of hearing persons. This would indicate a comparative need in Kentucky for 309 interpreters. The three specific recommendations relative to interpreting (quality and standards, training, and the statewide referral center) are interrelated.

- The function of the recommended Regional Community Access/Service Centers is to provide access to existing human services. This access is to be offered by local existing agencies via contracts developed through the RFP process.

- Therapy for mental health or substance abuse requires successful communication with the therapist; this is not possible if the therapist and patient do not even speak the same language. For any degree of communication, a third party interpreter must be in the room to hear and become aware of the feelings of the deaf or hard of hearing patient which violates the secrecy and confidentiality that must be an integral part of therapy. This is such a barrier to free and open communication that treatment is difficult at best and more often than not a deaf and hard of hearing patient will simply not return for subsequent meetings with a therapist. Inaccessibility to the mental health and substance abuse programs is compounded by the fact that few therapists are trained to understand the impact of deafness on mental health and substance abuse, and how it is interwoven with the conflict between deaf and hearing cultures.

- With the advent of the Information Superhighway it has become even more critical that deaf and hard of hearing individuals have equal access to communication avenues. Recommendations strive to ensure that access, from captioning to assistive technology and information technology services, is provided to deaf and hard of hearing citizens.

- Vocational Rehabilitation Services have been provided to deaf and hard of hearing persons in Kentucky for many years. Communication with consumers continues to be problematic in providing effective services to achieve suitable employment and independence. For quality services, the unique needs of consumers who are deaf, hard of hearing, late-deafened, and deaf-blind must be met.

- Adult Education and Literacy services are crucial to Kentuckians in acquiring skills necessary to participate in training programs and enter the workforce.

- The Task Force identified specific gaps and needs in the area of education, including the need to develop appropriate program standards, and increase educational resource services and technical assistance, educational interpreting, early intervention services, and quality staff.

This Task Force study proposes 15 recommendations and provides a matrix which gives an overview of the 15 recommendations, and suggests possible funding sources. In brief, the 15 recommendations, biennial budgets, and total funding needed are as follows:

| Task Force Fifteen Recommended Actions | 96-97 NEEDED FUNDING | 97-98 NEEDED FUNDING | Included in Agency Budget Requests? | TOTAL FUNDING |
|---|---|---|---|---|
| Increase quality of and standards for interpreters | $135,500<br>$25,000 | $142,500<br>$25,000 | Yes (KCDHH) | $325,000 |
| Expand the availability of training in Kentucky for interpreters | $626,900 | $658,300 | Yes (EKU) | $1,285,200 |
| Establish a Statewide Referral Center for those who need interpreting services | | $125,000 | Yes (KCDHH) | $125,000 |
| Establish Regional Community Access/Service Centers | $722,700 | $804,800 | Yes (CHR) | $1,527,500 |
| Increase services to Elderly Deaf and Hard of Hearing Persons | $ 2,500<br>$2,500 | $2,500<br>$2,500 | Yes (CHR) | $10,000 |
| Increase Mental Health services for deaf and hard of hearing individuals | $330,700 | $348,200 | Yes (CHR) | $678,900 |
| Increase Substance Abuse services for deaf and hard of hearing individuals | $200,000 | $210,000 | Yes (CHR) | $410,000 |
| Expand Information Technology Services | $130,000 | $130,000 | Yes (KET) | $260,000 |
| Increase the capacity of Vocational Rehabilitation and Department for Blind to serve the deaf and hard of hearing | $496,000<br>$ 32,300 | $362,000<br>$ 98,000 | Yes<br>Yes | $858,000<br>$130,300 |
| Provide more opportunity for Adult Education and Literacy | $240,000<br>$10,000 | 384,000<br>$10,000 | Yes (DAEL) | $624,000<br>$ 20,000 |
| Increase Early Intervention / Preschool Services | $150,000 | $138,000 | Yes (CHR,KDE,KSD) | $288,000 |
| Improve Educational Program Standards for K-12 | $75,000<br>$25,000 | $75,000 | Yes (KDE) | $175,000 |
| Establish a Statewide Educational Resource Center on Deafness at the Kentucky School for the Deaf | $100,000 | $200,000 | Yes (KSD) | $300,000 |
| Increase the availability of Educational Interpreting | $60,000 | $60,000 | Yes (KDE) | $120,000 |
| Increase the Quality and Quantity of Educational Staff | | | | |

## IN CONCLUSION

Despite the comprehensiveness of the 15 recommendations of this strategic and long- range plan, there are three glaring omissions - Justice: Legal System, Justice: Corrections and Penal, and Communications Access: ADA. The Task Force thus has decided that its members will continue to meet as an Ad Hoc Committee on Services to Persons who are Deaf or Hard of Hearing to ensure accessibility.

This committee shall invite, as participants, appropriate agencies who have jurisdiction over the legal, corrections and penal systems, and the Americans with Disabilities Act. This committee will begin meeting immediately following the 1996 General Assembly and initiate collaborative efforts to ensure the accessibility of the justice system of the Commonwealth to the deaf and hard of hearing community.

The Education, Arts, and Humanities Cabinet and the Kentucky Commission on the Deaf and Hard of Hearing, together with the Department of Education, the Workforce Development Cabinet, the Cabinet for Human Resources, and the Council on Higher Education, urge the adoption of the recommendations of the Task Force study on ***Providing Adequate Services for the Deaf and Hard of Hearing Population in the Commonwealth***. The 371,000 citizens who will be affected by these recommendations will finally be able to have equal access to services of the Commonwealth.

The world is not perfect, but the world of some people is better than the world of others. This is the first step towards making a better world for all.

### Why is the Task Force on Services to Persons who are Deaf or Hard of Hearing needed?

Deaf and hard of hearing persons have faced discrimination in numerous areas throughout the years. Some discrimination was and is deliberate; some was and is based on the ignorance of hearing persons about the uniqueness of deaf and hard of hearing people. In either case, deaf and hard of hearing persons have not had the same access to the rights and privileges afforded every American.

In education deaf and hard of hearing children continue to achieve at far lower levels than their hearing peers. In legal settings deaf people too often cannot participate freely and fully in the courtroom due to a critical shortage of trained interpreters. While it is true that closed captioning has brought network television to our twenty-five million deaf and hard of hearing persons, approximately 80% of televised programs, both network and cable, remain inaccessible.

Human services which guarantee basic human rights to deaf and hard of hearing persons are also inaccessible. The identification of and decisions regarding these services are usually determined by hearing persons who have little or no understanding of the unique needs of deaf and hard of hearing persons. If the recommendations within this Task Force are in conflict with currently established positions, it is because deaf and hard of hearing consumers have been "out of the loop" for so long. This consumer-oriented approach has been chosen for this Task Force Report to address the issues which most concern deaf and hard of hearing persons at the present time.

### What is the Mission of the Task Force?

The primary mission of this Task Force is to encourage and facilitate the process in which state agencies, and public and private entities can collaborate with one another to improve services to deaf and hard of hearing constituents in the Commonwealth. This Task Force has laid the groundwork for public-private partnerships.

***"... deaf and hard of hearing persons have not had the same access to the rights and privileges afforded every American."***
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

The legislation which created this Task Force reads:

> The General Assembly recognizes the need for expanded and improved services for the deaf and hard of hearing citizens of the Commonwealth. The General Assembly also recognizes that the array of services now provided may be fragmented, inefficient and inaccessible. To address the needs of the deaf and hard of hearing, the General Assembly creates a Task Force on the Deaf and Hard of Hearing and charges this Task Force to develop a strategic and long-range plan for providing adequate services for the deaf and hard of hearing population in the Commonwealth.
>
> The Task Force shall be co-chaired by the Secretary, Education, Arts, and Humanities Cabinet, and the Executive Director, Kentucky Commission on the Deaf and Hard of Hearing. Necessary expenses of the

Task Force shall be the responsibility of the Cabinet. Staff support for the Task Force shall also be provided by the Cabinet. The members of the Task Force shall include: Secretary, Education, Arts and Humanities Cabinet; Executive Director, Kentucky Commission on the Deaf and Hard of Hearing; Chair, Kentucky Commission on the Deaf and Hard of Hearing or designee; Secretary, Workforce Development Cabinet, or designee; Executive Director, Council on Higher Education, or designee; and the Commissioner of Education, or designee.

The Task Force shall be responsible for actively soliciting input from all Commonwealth agencies currently providing services to deaf and hard of hearing persons as well as input from deaf and hard of hearing citizens of the Commonwealth who represent a broad spectrum of individuals with hearing loss, including but not limited to, culturally deaf persons, oral deaf persons, hard of hearing persons, late deafened persons, deaf-blind persons, and deaf multi-disabled persons. The Task Force shall consult with experts in the various fields of programs and services for deaf and hard of hearing persons.

Notwithstanding the provisions of KRS 12.028, it is the intent that the executive branch shall take no action regarding the Task Force recommendations prior to their consideration by the General Assembly during the 1996 Regular Session of the General Assembly unless such action is reviewed and approved by the Interim Joint Committee on Appropriations and Revenue as provided in Part III of House Bill 302.

*"If the recommendations within this Task Force are in conflict with currently established positions, it is because deaf and hard of hearing consumers have been 'out of the loop' for so long."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

### What are the Goals of the Task Force?

The original legislation appropriated a total of $150,000 to cover expenses of the Task Force work. This appropriation was subsequently deleted by the Kentucky General Assembly leaving the Education, Arts and Humanities Cabinet and the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) with full responsibility for any necessary expenses related to the Task Force research and report.

The effective date of this legislation was July 1, 1994. The Secretary of the Education, Arts and Humanities Cabinet and the Executive Director of the Kentucky Commission on the Deaf and Hard of Hearing began work on August 1, 1994, to guide the Task Force members by setting parameters which resulted in the creation of the following action goals:

(1) Develop a strategic and long-range plan utilizing integration, collaboration, partnership, and reciprocity among agencies which would ultimately empower every deaf and hard of hearing individual in the Commonwealth to achieve maximum participation and productivity as citizens.

*"This Task Force Report is a work in progress and is meant to be a road map."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

(2) Produce a Task Force report detailing a strategic plan for providing quality, adequate programs and services to deaf and hard of hearing Kentuckians.

(3) Provide a plan of action to implement strategic goals to establish and collaborate on new programs and services where such are considered nonexistent.

### What are the Assumptions of the Task Force?

The Task Force began its work by accepting the following assumptions:

a) Accessibility to the continuum of services, programs, activities, and facilities made available to the general population by the Commonwealth is essential for assuring appropriate participation for deaf and hard of hearing citizens.

b) Barriers which prevent access by deaf and hard of hearing persons to the offerings of the Commonwealth for the benefit of the general public must be removed.

c) Available resources must be utilized efficiently and new resources identified in order to assure an appropriate service-delivery system of high quality.

d) The deaf and hard of hearing public must be empowered to become their own most ardent advocates.

e) Content, participation, and success in programs and services must be recognized as more important than mere placement.

f) Deaf and hard of hearing persons need to be involved in the development and design of programs and services.

g) The needs of the deaf, hard of hearing, deaf-blind, and deaf multi-disabled are different from each other, and these needs are different from those created by other disabling conditions. Within groups needs also vary significantly.

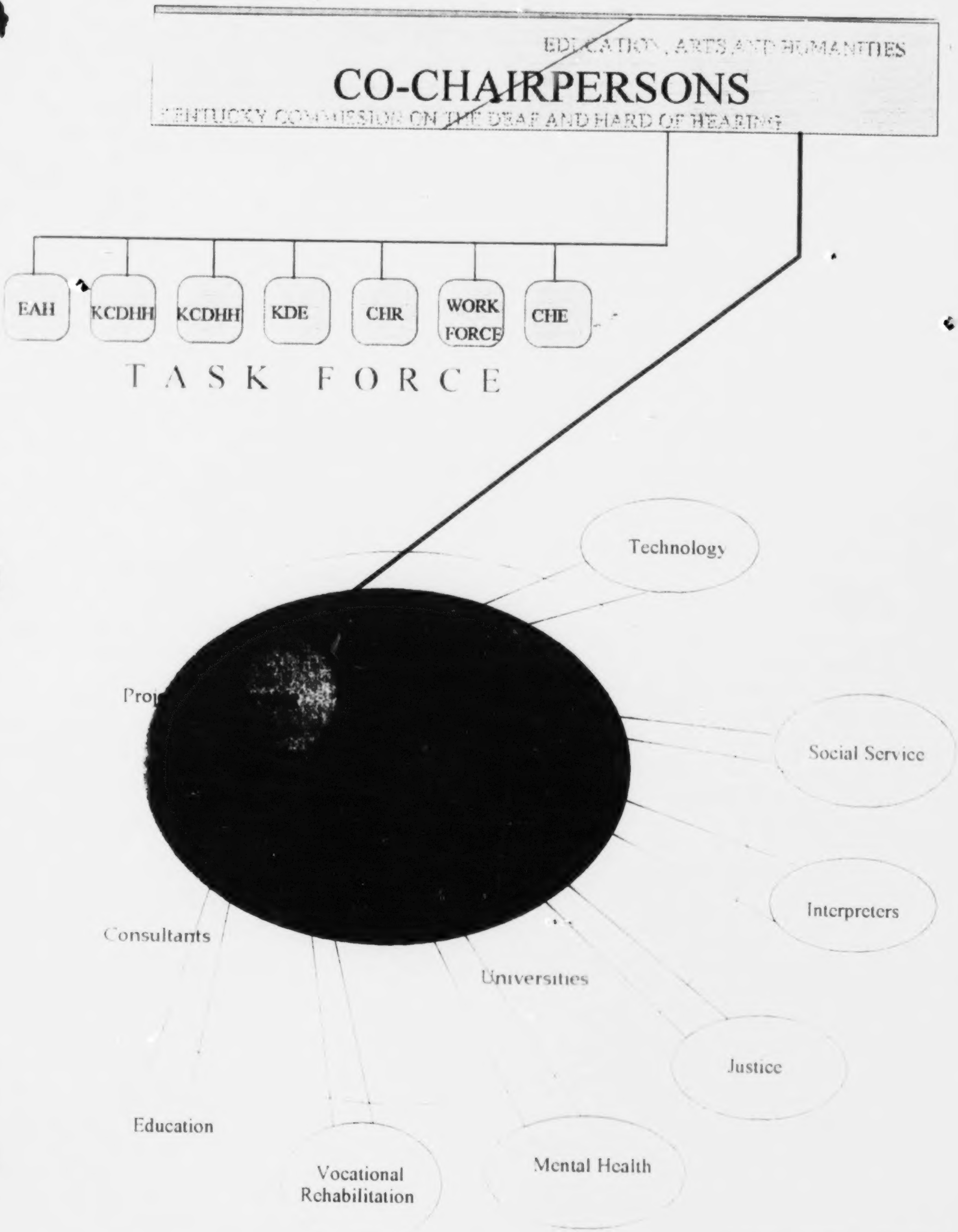
h) Innovation and experimentation must be encouraged while resistance to change is to be discouraged.

### Who participated in the development of the report?

### The Task Force Members, Work Groups, and Town Hall Meetings

Since the initial meeting on August 1, 1994, KCDHH coordinated continuous research and data collection related to deafness, its impact on the provisions of programs and services, and identified model programs and services throughout the United States. The KCDHH has also coordinated all of the activities of the Task Force by providing staff support for all Task Force activities. A result of the August 1 meeting was the development of a flowchart identifying the Task Force Participant Groups. The chart is shown on the following page.

> ***"The Task Force shall be responsible for actively soliciting input from all Commonwealth agencies currently providing services to deaf and hard of hearing persons as well as input from deaf and hard of hearing citizens of the Commonwealth who represent a broad spectrum of individuals with hearing loss, including but not limited to, culturally deaf persons, oral deaf persons, hard of hearing persons, late deafened persons, deaf-blind persons, and deaf multi-disabled persons. The Task Force shall consult with experts in the various fields of programs and services for deaf and hard of hearing persons."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**


EDUCATION, ARTS AND HUMANITIES
CO-CHAIRPERSONS
KENTUCKY COMMISSION ON THE DEAF AND HARD OF HEARING
EAH
KCDHH
KCDHH
KDE
CHR
WORK FORCE
CHE
TASK FORCE
Technology
Proj
Social Service
Interpreters
Consultants
Universities
Justice
Education
Vocational Rehabilitation
Mental Health

**BEST COPY AVAILABLE**

A second meeting occurred on October 3, 1994, at which time the Task Force approved the Mission Statement and began the process of identifying work group participants and representatives.

The KCDHH, realizing the time and financial responsibilities of the Task Force, asked Task Force members to share any available resources, including possible financial support. The Department of Vocational Rehabilitation (DVR) agreed to provide sign language and oral interpreters for all Task Force-related activities. The Kentucky Department of Education (KDE) loaned computer equipment to record all Task Force-related documentation.

*"Accessibility to the full continuum of services, programs, activities, and facilities made available to the general population by the Commonwealth is essential for assuring appropriate participation for deaf and hard of hearing citizens."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

Work groups were formed in December in the areas of Education, Interpreters, Justice, Mental Health, Social Services, Technology, and Vocational Rehabilitation. Professional individuals working for more than forty state agencies, universities, state contracted service providers and individuals, with expertise in the areas of deafness and other fields impacting services to deaf and hard of hearing persons, were identified. The identified representatives were invited to serve on work groups which formulated recommendations based on their assessment of identified gaps in services they provide. Each participating staff member attended at least two full days of meetings.

*"The deaf and hard of hearing public must be empowered to become their own most ardent advocates."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

At the April 10, 1995, Task Force meeting, members reviewed all identified gaps and preliminary recommendations. The members agreed that a Task Force Review Committee was needed to quantify the data formulated by the work groups. It was also agreed that Town Hall meetings were necessary. This concerted effort was intended to obtain input from deaf and hard of hearing consumers of all ages, including children, parents, teachers, educational interpreters, and professional service providers. On May 13 and 20, 1995, the identified gaps, both real and perceived, were presented to the Town Hall participants in a task-oriented manner in an effort to maximize feedback and input.

The KDE and KCDHH have committed funds to hire a researcher to assist KCDHH with the drafting of the Task Force Report. Realizing the scope and size of the work itself, the Cabinet for Human Resources (CHR), and the DVR, along with KDE and KCDHH, have provided additional funds to complete the final phase of the long range and strategic plan.

*"Deaf and hard of hearing persons need to be involved in the development and design of programs and services."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

### How was data reported and analyzed?

During Summer 1995, KCDHH staff and the Task Force researcher compiled and analyzed the research data, information, preliminary recommendations from the state agency work groups, and the results of the Town Hall meetings into a comprehensive, multifaceted Task Force report to empower deaf and hard of hearing individuals in Kentucky.

The format of the report is designed to present information which would enable legislators to read and understand the identified needs of the population of deaf and hard and hearing constituents. Each section of the report includes statements identifying the following:

(1) Critical Need
(2) Action Needed
(3) Possible Implementing Agencies
(4) Estimated Cost Analysis
(5) Potential Funding Sources
(6) Results/Impact
(7) Strategic Action
(8) Supporting Documentation

### What are the Contents of the Final Task Force Report?

The Task Force has divided its work into two major categories:
(1) Adult Services; and
(2) Educational Services.

Each category is further divided into the following areas:

**Adult Services**

Interpreting:
- (a) Quality and Standards
- (b) Training
- (c) Statewide Referral Center

Human Services:
- (a) Regional Community Access/Service Centers
- (b) Elderly Deaf and Hard of Hearing Persons

Mental Health:
- (a) Mental Health Services
- (b) Substance Abuse Services

Technology:
- (a) Information Technology Services

Workforce Development Services:
- (a) Vocational Rehabilitation
- (b) Adult Education and Literacy

**Educational Services**

Education:
- (a) Early Intervention/Preschool Services
- (b) Program Standards for K-12 Services
- (c) Statewide Educational Resource Center
- (d) Educational Interpreting
- (e) Quality and Quantity of Educational Staff

> *". . into a comprehensive, multi-faceted Task Force Report to empower deaf and hard of hearing individuals in Kentucky."*
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

The collection of data and compilation of supporting documentation, from the cost analysis to the identification of responsible agencies, from the action strategies to the background information and documentation of specific needs, requires collaboration, substantiation, and cooperation from diverse groups. The Task Force members are committed to a complete presentation of the identified gaps and strategic action to address the needs of Kentucky residents who are deaf and hard of hearing.

When the recommendations of this report are implemented, Kentucky will be on the cutting edge of developments in the United States which advocate a comprehensive approach to meeting the needs of deaf and hard of hearing persons. As has been mentioned, the Task Force report is a work in progress.

***"When the recommendations of this report are implemented, Kentucky will be on the cutting edge of developments in the United States which advocate a comprehensive approach to meeting the needs of deaf and hard of hearing persons."***

**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

*"Spring is another word for hope and solace and an end to darkness. So much is true that I still count as unforgettable a certain day most remarkable for the fact it was spent in the halls of the Capitol Annex. .... It has been fifteen long months since the day an Ad Hoc Committee was organized November 8, 1980, in a small conference room at Hyatt-Regency in Lexington. Representatives from 26 organizations of the deaf were present and it pitted the very real concerns of the group when Gary Olson explained the importance of groundwork that led to fifteen long months of careful planning, frustrations, and hard work."* **Herman T. Harrod (referring to the establishment of the Commission on the Deaf and Hard of Hearing)**

The underlying need for better coordination and delivery of services to deaf and hard of hearing individuals has been clearly articulated since 1980 when an Ad Hoc Committee, consisting of 26 organizations of the deaf, lobbied for the formation of the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH). Herman Harrod's description of the event characterizes the elation felt by the deaf and hard of hearing community when the KCDHH was finally established. There were great expectations for what the KCDHH could accomplish. The KCDHH was originally intended to provide advocacy, information, and referral services to deaf and hard of hearing individuals, and to agencies and persons serving them. The KCDHH does so. This has not been sufficient to ensure **equitable access** however.

Fifteen years later, while accessibility has generally improved as a result of the efforts of the KCDHH and other state agencies, the deaf and hard of hearing community is still, on the whole, denied equal participation in services that are available to their hearing peers. Improvements have been made in areas of communication access such as relay services for use of telephones, establishment of an interpreter training program, deaf awareness, American Sign Language, and sensitivity training among state agencies. Yet the bulk of services provided by the Commonwealth to its citizens remains inaccessible to deaf and hard of hearing people.

The Commonwealth of Kentucky currently provides a limited array of specialized services targeting deaf and hard of hearing individuals.

### Division of Mental Health and Mental Retardation Services

After a 1989 civil rights complaint was filed against the Division of Mental Health and Mental Retardation Services by a deaf client, a Task Force study on mental health services to persons who are deaf or hard of hearing was established. The Task Force made several recommendations, including the hiring of a Statewide Coordinator of Deaf Services and the establishment of an Advisory Committee for Mental Health Services for the Deaf and Hard of Hearing. Both of these recommendations were implemented by 1993; however, none of the other recommendations from that Task Force were ever fully addressed. Since

1993, efforts toward accessibility have been focused on the provision of interpreter services, TTY accessibility, and deaf culture and American Sign Language awareness. The Statewide Coordinator of Deaf Services works alone and thus, has only been able to provide limited advocacy to deaf and hard of hearing clients.

### Early Intervention Services

The Preschool Division of the Kentucky Department of Education and the Early Intervention Services of the Cabinet for Human Resources jointly fund the SKI*HI Program, which is now housed at the Kentucky School for the Deaf. SKI*HI identifies infants and toddlers ages 0-3 and provides early intervention services, including home visits and evaluations.

The High Risk Registry was mandated by the 1986 General Assembly and provides a mechanism by which children who are at risk for hearing loss are identified by six months of age. The parents receive a letter informing them of this risk and recommending audiological testing to affirm whether the child has a hearing loss. The Commission on Children with Special Health-Care Needs and the Commission on the Deaf and Hard of Hearing each administer components of this endeavor.

### Eastern Kentucky University Interpreter Training Program

In 1986 an Interpreter Training Program (ITP) was established at Eastern Kentucky University (EKU) with federal funds. In 1989 the federal grant ended and the state began funding the program. Fifteen students enroll in the EKU ITP every two years. Graduates of this program are awarded an Associate Arts of Interpreting degree. EKU also offers extension American Sign Language and interpreting-related courses at sites around the state on a rotating basis. Additionally, EKU ITP has recently expanded its capacity to graduate more interpreters.

### Kentucky Commission on the Deaf and Hard of Hearing

The Kentucky Commission on the Deaf and Hard of Hearing was established in 1982 to advise the Governor and General Assembly regarding policy and programs that would enhance the quality and coordination of services to the deaf and hard of hearing. Services provided include: Information and Referral, Directory of Services, Directory of Interpreters, *Beginnings* Manual for parents of newly identified deaf or hard of hearing children, COMMUNICATOR newsletter, advocacy, and a TTY Distribution Program. The KCDHH also serves as an agency to work and consult with the local, state and federal governments, and public and private agencies in the implementation of services for deaf and hard of hearing persons. In 1984, the KCDHH initiated the Kentucky Interpreting Skills Screening to assess the interpreting skills of individuals who are interested in interpreting for people who are deaf or hard of hearing.

### Kentucky Department of Education

As a direct result of the 1985 Task Force on Deaf Education, the Kentucky Department of Education (KDE) strengthened the program consultant position for deaf and hard of hearing students who were mainstreamed. In 1991 however, KDE combined two program consultant positions for deaf and hard of hearing and speech impaired mainstreamed students. This half-time position is the only KDE employee designated to serve mainstreamed deaf and hard of hearing students. Educational Interpreting Guidelines have been developed and distributed to local school districts.

### Kentucky School for the Deaf

The Kentucky School for the Deaf (KSD) provides a comprehensive educational program to deaf and hard of hearing students. In operation since 1823, KSD offers academic instruction from preschool through high school levels, a vocational education curriculum and a student life program, including student development and extracurricular activities. As part of its Outreach Services, educational resource services and technical assistance are available to students, families, local school districts, and other agencies. Some of the services include family education, early childhood education, evaluation/assessment, and sign language/interpreting services.

### Department of Vocational Rehabilitation

The mission of the Department of Vocational Rehabilitation (DVR) is to assist Kentuckians with disabilities in achieving suitable employment and independence. DVR began providing these specialized services to deaf and hard of hearing clients in the late 1960's. Current services include job development, job placement, employment counseling, job training, training in education, assistive rehabilitation technology, and supported employment as specialized services to deaf, hard of hearing, late deafened, and deaf-blind clients. Rehabilitation Counselors for the Deaf are located in each of the agency's districts. DVR is also an affiliate Helen Keller program which provides training, technical assistance, consultation, and coordination to Kentucky agencies and families on behalf of individuals who are deaf-blind, primarily those over age 21.

In 1995, DVR assumed responsibility for annually administering $125,000 in funding appropriated by the General Assembly to provide support services to deaf and hard of hearing students in Kentucky colleges and universities.

### Summary

The above-mentioned services represent the totality of specialized services to persons who are deaf or hard of hearing. Innumerable services not fully accessible include the court systems, corrections, education, and human services. The Task Force recommendations to remove those barriers reiterate, in this last decade of the 20th Century, that 'Spring is another word for hope and solace and an end to darkness'. The vision of Herman Harrod is strong and clear today, just as it was 13 years ago.

# STRATEGIC PLANNING

## Adult Services — Interpreting: Quality and Standards

> *"In* The Bridge of San Luis Rey, *Thornton Wilder ended with a memorable quote. 'There is a land of the living and a land of the dead, and the bridge is love, the only survival, the only meaning.' So the interpreter becomes the link that brings meaning and a fuller life to deaf and hard of hearing persons."*
>
> Armin Turechek

### Critical Need

A critical need exists for facilitating the quality and standards of interpreters, including:

- File legislation to obtain statutory authority for the KCDHH to promulgate administrative regulations to establish the parameters of the state standards by January 1996.
- A system to allow interpreters to upgrade skills and qualifications;
- A means of addressing specialities within the interpreting profession (e.g., legal, medical, educational, platform, oral, deaf-blind, and cued speech interpreting);
- Projects for enhancing skills and retaining interpreters; and
- Allowance for active involvement and participation of deaf and hard of hearing consumers in the standards/certification process to ensure their needs are consistently and adequately met.

### Action Needed

- By July 1997, the Kentucky Commission on the Deaf and Hard of Hearing will (a) initiate a Kentucky state standards program; (b) investigate the feasibility of state certification and involve the following organizations: Kentucky Association of the Deaf (KAD), Alexander Graham Bell Association (AGBell), Self Help for the Hard of Hearing (SHHH), and Kentucky Registry of Interpreters for the Deaf (KyRID); (c) investigate a process of reciprocity by which interpreters certified in other states may be certified to work in Kentucky; (d) will seek incentives, such as loans and stipends, which will result in at least 50% of interpreters deciding to seek national or state certification; (e) offer, in conjunction with training institutions, a minimum of two summer workshops allowing interpreters to upgrade skills; and (f) actively involve deaf and hard of hearing individuals in the training process leading to certification.
- By July 2000, the number of certified interpreters in the state of Kentucky will increase from the present 31 to approximately 200 - 250.

### Possible Implementing Agencies

The Kentucky Commission on the Deaf and Hard of Hearing, including:
KCDHH Administration and Board
Interpreter Services Advisory Board
Regional Access Centers on Deafness in Kentucky (when implemented in July 1997)

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| Year 1 | $132,500 |
| Year 2 | $142,500 |
| Stipends (for testing/training)<br>(one-time appropriation) | $50,000 |
| **TOTAL** | **$325,000** |

### Potential Funding

Currently Existing Funds .......................... $0

**Potential Sources:**
General Assembly

### Results/Impact

- An expanded pool of interpreters will be certified.
- Contingent upon legislatiave approval, quality control will be provided through the KCDHH.
- Interpreters will continuously upgrade skills through seminars and workshops.
- Level of frustration of deaf consumers will diminish as the skills of interpreters are monitored and appropriately identified through a standards/certification system.
- Cost of interpreter services will be stabilized with the existence of a larger pool of certified interpreters.

# STRATEGIC PLANNING
## Adult Services — Interpreting: Quality and Standards

### Strategic Action

KCDHH shall implement the following to improve interpreter quality and standards:

- File legislation to obtain statutory authority for the KCDHH to promulgate administrative regulations to establish the parameters of the state standards by January 1996.
- Work with the KAD, AGBell, SHHH, and KyRID to determine the standards to be utilized, including the feasibility of state certification.
- Promulgate administrative regulations to establish the standards program by July 1997.
- Develop interagency cooperation to ensure collaborative efforts among state agencies, including the Cabinet of Workforce Development, Department of Education, and Cabinet for Human Resources by July 1997.
- Promulgate administrative regulations with the Department of Education and the Education Professional Standards Board to establish standards for educational interpreters.
- Request $132,500 by July 1997 for Year One as start-up costs for two state-wide evaluations for the purpose of offering in-state certification opportunities, followed by $142,500 for Year Two for four state-wide evaluations.
- Request a one-time appropriation of $50,000 so KCDHH can provide stipends for testing/ training opportunities to interpreters who are attempting to upgrade their skills or attain national or state certification.
- Coordinate collaborative efforts to maintain quality control of certified interpreters.
- Employ personnel to establish and operate the standards program to be supervised by the KCDHH.
- Work with Kentucky Higher Education Association Authority and the Eastern Kentucky University Interpreter Training Program to recruit individuals from rural Kentucky for the interpreter training program through possible programs such as scholarships/tuition waivers/ loan assistance.

**From a Town Hall Participant:**

***"We need more certified interpreters badly. We have many problems. I want more certified interpreters. I'll be happy then."***

### Supporting Documentation

#### INTRODUCTION: A CRISIS SITUATION

In order to address the acute shortage of qualified interpreters, Kentucky needs to implement a variety of options to increase the supply of *qualified* interpreters. Increasing the quality and standards of interpreting in the state of Kentucky is a goal shared by consumers, interpreters, and users of interpreting services alike. The Task Force on Services to Persons who are Deaf or Hard of Hearing, and the KCDHH in particular, strongly recommend the facilitation of an environment which will result in increased quality and standards of interpreting. There are several tools by which increased quality and standards can be attained, including state certification, stipends for interpreters or individuals training to become interpreters to upgrade their skills or take certification tests, and increased training opportunities. This particular recommendation also focuses on increased certification opportunities.

In March 1994, the National Association of the Deaf (NAD) and the Registry of Interpreters for the Deaf (RID) jointly conceded that the nationwide lack of qualified interpreters had reached crisis proportions. With the enactment of the Americans with Disabilities Act (ADA) and the growing awareness among deaf and hard of hearing consumers of their rights, every state in the union is faced with increasing demands for interpreters.

The announcement of the NAD/RID Joint Task Force creation has met with acceptance in the states. Michigan, for example, with a population of 800,000 deaf and hard of hearing persons, supplemented the need for an increase in qualified interpreters in recognizing the basic right of all persons to have access to communication. In a letter to the NAD/RID Joint Task Force Members, the Michigan organization writes:

> Does our Constitution recognize or guarantee the right of every person to communication? Regardless of the laws we pass, we still seem to focus much time and energy trying to explain what or why people need communication. The main point is, Communication is the key to everything we do. Why should we have to 'justify' or 'prove' individuals need communication just because the communication may be in a different form or be provided with the assistance of an interpreter. It is our belief that *if* we can get a legal ruling that the right of individuals to communication is guaranteed by the Constitution, successful implementation of laws will then focus on how and where to obtain the communication needed. We professionals could then focus our energies and expertise on quality and quantity of services and related educational issues (Hunter and Wallace, 1994).

**From the Town Hall Participants:**

***"There simply are not enough interpreters to meet all our needs."***

***"There is a critical lack of interpreters in rural areas."***

We in Kentucky hold that every person, hearing, deaf, hard of hearing, or deaf-blind has the inherent right to communication. This process may be facilitated in a variety of ways. Sign Language interpreting is defined as the process of transmitting spoken English into American Sign Language and/or gestures, and the reverse, for communication between deaf and hearing people. Sign Language interpreting, however, is only one of many methods; others include oral interpreting, or the process of facilitating communication through speechreading. This is frequently used by persons who are hard of hearing or recently deafened. (Please see the Glossary in the Appendix for a definition of specific terms.) Persons who are both deaf and blind may use a system of Tactile Communication, whereby words are either fingerspelled or signed into the palms of the deaf-blind individual. Whatever the means of communication, however, all persons have the right to communication access.

This basic premise is the cornerstone for the interest and involvement of the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) in the standards of interpreters; however the KCDHH will not directly train interpreters, but will facilitate training opportunities. The KCDHH's responsibility as mandated by KRS 163.510 is to oversee the provision of interpreting services and to provide services if necessary.

Without a doubt the national interpreting crisis is magnified in Kentucky. We have identified an estimated 371,000 persons who are deaf and hard of hearing in our state. We also know that 31 persons are currently certified to interpret in Kentucky. This amounts for ONE certified interpreter per 11,968 deaf and hard of hearing persons. The situation is dismal indeed.

**From a Town Hall Participant:**

***"If interpreters do not have certification, they should not have professional recognition."***

The location of certified interpreters has been plotted on the map shown on the next page. As can readily be seen, only 13, or 11% of Kentucky's 120 counties have certified interpreters. If state evaluated interpreters are included, only 29 counties, or 24%, are represented. Counting both nationally certified and state evaluated interpreters, a full 76%, for a total of 91 counties, are not represented at all.

The severity of this situation becomes even more apparent when we look at the number of deaf and hard of hearing individuals in these counties, and even more so when the number of deaf and hard of hearing children in the public schools is considered. As an example, Table I presents data on 38 counties in Eastern Kentucky.

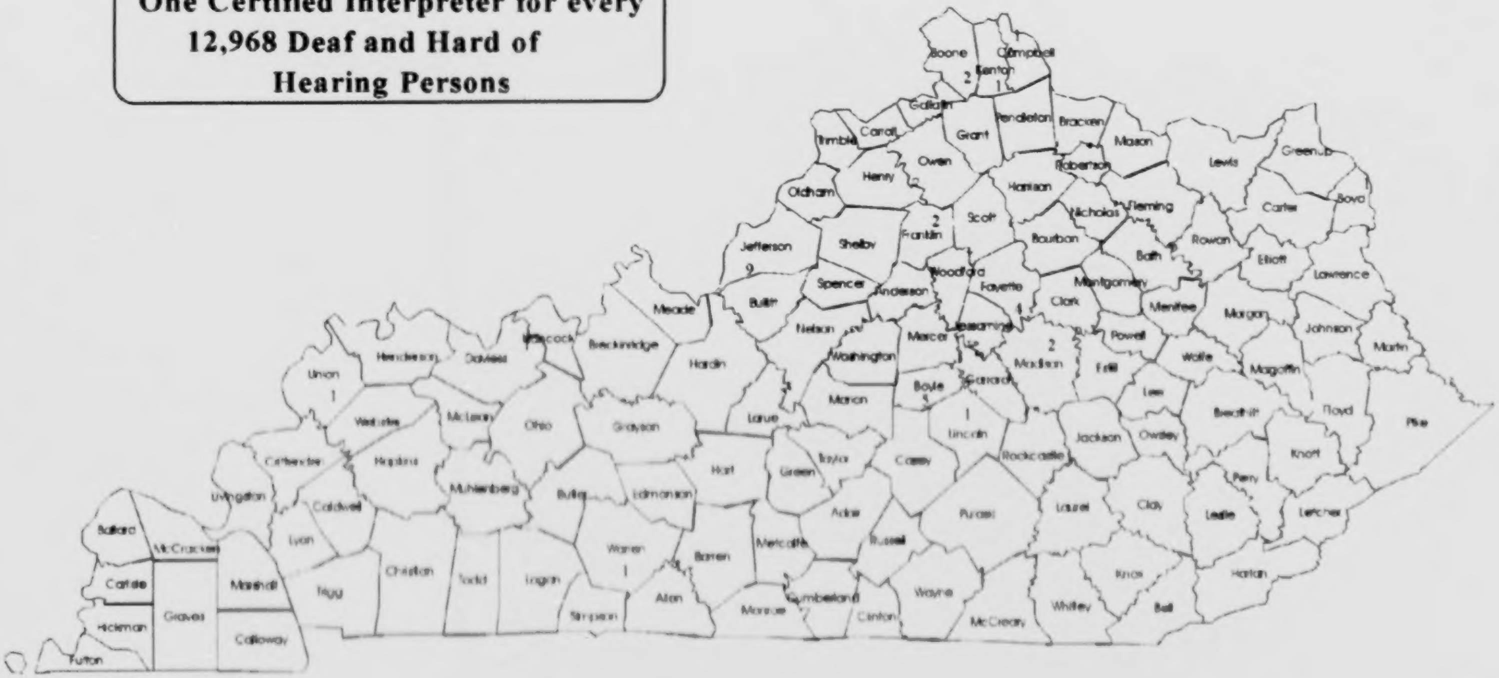
From this information we can see that in these 38 counties in Eastern Kentucky alone, there is ONE interpreter for every 9,753 deaf and hard of hearing persons, and ONE interpreter for every 19 deaf and hard of hearing children in the public school system. (By county, the figures on the deaf and hard of hearing population may not be considered statistically accurate; their purpose is merely to illustrate the severity of the problem.)

# Map Identifying Location of Certified Interpreters in Kentucky Counties

**(Total Number of Certified Interpreters: 31)**

**Deaf and Hard of Hearing Population in Kentucky: 371,000**

**One Certified Interpreter for every 12,968 Deaf and Hard of Hearing Persons**


Boone
2
Kenton
1
Campbell
Gallatin
Grant
Pendleton
Bracken
Mason
Trimble
Carroll
Owen
Robertson
Lewis
Greenup
Henry
Harrison
Boyd
Oldham
Scott
Nicholas
Fleming
Carter
2
Franklin
Bourbon
Rowan
Jefferson
9
Shelby
Bath
Elliott
Woodford
Fayette
4
Montgomery
Lawrence
Spencer
Anderson
Clark
Menifee
Morgan
Meade
Bullitt
Nelson
Mercer
Jessamine
Powell
Johnson
Martin
Hancock
Breckinridge
Washington
2
Madison
Estill
Wolfe
Magoffin
Union
1
Henderson
Daviess
Hardin
Boyle
5
Garrard
Lee
Breathitt
Floyd
Pike
Webster
McLean
Ohio
Grayson
Larue
Marion
1
Lincoln
Jackson
Owsley
Knott
Crittenden
Hopkins
Hart
Green
Taylor
Casey
Rockcastle
Perry
Livingston
Caldwell
Muhlenberg
Butler
Edmonson
Adair
Pulaski
Laurel
Clay
Leslie
Letcher
Ballard
McCracken
Lyon
Warren
1
Barren
Metcalfe
Russell
Knox
Harlan
Carlisle
Marshall
Trigg
Christian
Todd
Logan
Allen
Monroe
Cumberland
Clinton
Wayne
McCreary
Whitley
Bell
Hickman
Graves
Calloway
Simpson
Fulton

BEST COPY AVAILABLE

# STRATEGIC PLANNING

## Adult Services — Interpreting: Quality and Standards

***"The Director of Personnel took it for granted that this person was a qualified interpreter when he had only learned sign language two years earlier. It is very important that the deaf student get a good education through the help of qualified interpreters."***
**Deaf Advocate for Deaf Children in a Mainstream School**

**Table I. Populations of Deaf and Hard of Hearing Persons, Children in Public Schools, and Total Number of Interpreters by Counties in Eastern Kentucky**

| County | Estimated Deaf & Hard of Hearing Population* | Deaf & Hard of Hearing Children in Public Schools ** | Total Number of Interpreters |
|---|---|---|---|
| Bath | 969 | 0 | 0 |
| Bell | 3,150 | 0 | 0 |
| Boyd | 5,115 | 10 | 1 |
| Bracken | 776 | 1 | 0 |
| Breathitt | 1,570 | 3 | 0 |
| Carter | 2,434 | 1 | 0 |
| Clay | 2,175 | 17 | 0 |
| Elliott | 645 | 0 | 0 |
| Estill | 1,461 | 2 | 0 |
| Fleming | 1,229 | 2 | 0 |
| Floyd | 4,377 | 13 | 3 |
| Greenup | 3,674 | 3 | 0 |
| Harlan | 3,657 | 24 | 0 |
| Jackson | 1,195 | 2 | 0 |
| Johnson | 2,325 | 1 | 0 |
| Knott | 1,791 | 1 | 1 |
| Knox | 2,968 | 14 | 0 |
| Laurel | 4,344 | 3 | 2 |
| Lawrence | 1,400 | 2 | 0 |
| Lee | 742 | 4 | 0 |
| Leslie | 1,364 | 3 | 0 |
| Letcher | 2,700 | 4 | 0 |
| Lewis | 1,303 | 1 | 0 |
| Magoffin | 1,308 | 3 | 0 |
| Martin | 1,253 | 2 | 0 |
| Mason | 1,666 | 1 | 0 |
| Menifee | 509 | 0 | 0 |
| Montgomery | 1,956 | 5 | 1 |
| Morgan | 1,165 | 0 | 0 |
| Nicholas | 673 | 0 | 0 |
| Owsley | 504 | 0 | 0 |
| Perry | 3,029 | 9 | 0 |
| Pike | 7,259 | 7 | 0 |
| Powell | 1,169 | 0 | 0 |
| Robertson | 212 | 0 | 0 |
| Rowan | 2,035 | 3 | 0 |
| Whitley | 3,332 | 5 | 0 |
| Wolfe | 650 | 0 | 0 |
| **TOTAL** | **78,024** | **152** | **8** |

* Data extrapolated from estimated population of deaf and hard of hearing persons as indicated in the *Kentucky Statewide Study of Persons with Disabilities*. Kentucky Department of Education and Office of Vocational Rehabilitation, Frankfort, Kentucky. (By county, the figures may not be considered statistically accurate; they are merely to illustrate the severity of the problem.)

** Kentucky Child Count, December 1, 1993; Report of Children and Youth with Disabilities Receiving Special Education Under Part B of the Individuals with Disabilities Education Act.

# STRATEGIC PLANNING
## Adult Services — Interpreting: Quality and Standards

### CURRENTLY EXISTING INTERPRETER ASSESSMENT PROGRAM IN KENTUCKY

**From our Town Hall Participants:**

***"Deaf and hard of hearing persons should be more involved in the certification and/or licensure of interpreters."***

In 1983, the KCDHH immediately addressed the need for a quality assurance program for interpreters in Kentucky by hiring an Interpreter Administrator. The primary duty of this position was to establish a Task Force on Interpreter Services. The direct result of this Task Force was the development and implementation of a quality assurance program in 1984. This program later became known as KISS, the Kentucky Interpreting Skills Screening. The Task Force on Interpreting Services eventually evolved into the existing Interpreter Services Advisory Board under the KCDHH.

Thus, since 1984 the current and only instrument used for screening interpreters in Kentucky by the KCDHH is the Kentucky Interpreting Skills Screening (KISS). KISS was developed for three basic reasons: (1) to promote quality and standards of interpreters in Kentucky, (2) to enable interpreters to better understand their strengths and weaknesses as interpreters, and (3) to enable employers of the interpreters to better match the needs of the deaf and hard of hearing clients and the interpreter. The screening also provides a mechanism for individual interpreters to gauge if they are ready to attempt a national or state evaluation for certification. As such, KISS is a "stepping stone" toward certification by helping the interpreter ascertain readiness for certification evaluation. KISS is by no means a certification process, simply a tool for identifying basic interpreting skills.

Since the inception of the KISS program, KCDHH has experienced a high level of misunderstanding and misconception regarding the state evaluation of interpreters. Often, private and public entities perceive KCDHH's KISS program and its Directory of Interpreters as a definitive list of interpreters 'qualified' to interpret any situation when this is not the case. KISS is not equivalent to certification. The Directory of Interpreters has been used in the past to solicit unqualified interpreters for courtroom and mental health settings when it is only a list of both KISS screened individuals and nationally certified interpreters. KCDHH has faced the conflicting demands of (1) providing quality assurance to public and private entities which use interpreting services, and (2) providing interpreters a mechanism by which to gauge their level of skill. KISS is not sufficient to meet both of those needs. In Fall 1995, the KCDHH received a letter from the Office of the Attorney General which clearly states that the KCDHH does not have the statutory authority to establish standards for interpreters in Kentucky. The ramification is that KCDHH does not have the authority to administer KISS, or any other standards program for interpreters.

Establishing a comprehensive standards program in Kentucky will provide public and private entities with a clear understanding of what exactly constitutes a 'qualified' interpreter in different settings. For a standards program to be successful, a viable and accessible mechanism for individuals to gauge their interpreting skills is a crucial component.

There is currently no state level certification program in Kentucky. Interpreters desiring certification may take the Registry of Interpreters for the Deaf (RID) tests; these are seldom offered in Kentucky. They may also take the National Association of the Deaf (NAD) tests in other states. The nearest NAD test is offered by the West Virginia Commission on the Deaf and Hearing Impaired. KCDHH recognizes both and maintains the position that certification tests are generally dependable. Certification processes vary, however, and for this reason the KCDHH and the Task Force are recommending a Kentucky standards program to supplement RID and NAD certification programs.

***"We need a lot of certified interpreters - Badly!"***
**Deaf Consumer**
**Town Hall Meeting**

Additionally, within any certification or standards program the concept of certifying deaf and hard of hearing persons themselves needs to be broached. At present, Kentucky has two (2) deaf and hard of hearing persons who are currently certified, and ten (10) who are formerly certified, as Deaf Interpreters. This is important. More and more agencies are relying on deaf persons to function as "relay interpreters." A full-fledged standards program will make every effort to incorporate the unique and specialized skills of deaf and hard of hearing persons in the interpreting profession.

Eleven other states already have state certification programs. Texas was the first state to initiate such a program in 1980. The Texas legislature gave the Texas Commission for the Deaf and Hearing Impaired the authority to establish (1) a program of quality and standards for interpreters who have reached varying levels of proficiency in sign communication skills, and (2) a Board for Evaluation of Interpreters whose responsibility was to design and implement a system of interpreter evaluation and certification. Then, California was next in the early 1980's when the Greater Los Angeles Council on Deafness (GLAD) began to question the effectiveness of national certification systems in meeting their needs. GLAD had three issues: (1) an assurance of deaf and hard of hearing participation and leadership in the interpreter certification/quality assurance process, (2) a concern about communication access and wanted to be certain that deaf and hard of hearing persons would not be party to the jeopardizing of their access rights because of unqualified interpreters, and (3) a need for its own in-house system by which administrators could verify that certificate holders actually had the necessary skills to do what they were expected to do. Eventually GLAD identified five classification levels: Novice, Intermediate, Generalist, Advanced, and Master. In 1984, the California Association of the Deaf was asked by the State Department of Social Services to suggest an interpreter assessment body. The subsequent result was the joint project which resulted in the California Association of the Deaf (CAD) Assessment Program.

**From a Town Hall Participant:**

***"Interpreters should be able to utilize the mode of communication with which the deaf person is most comfortable."***

This Task Force, recognizing that a growing number of states are adopting state certification programs, recommends that KCDHH investigate the feasibility of state certification as a component of the Kentucky State Standards program via collaborative efforts with consumer and professional organizations.

### THE TASK FORCE RECOMMENDATIONS

It is the recommendation of this Task Force that Kentucky establish standards for interpreters with the following components:

(1) English Reading, Vocabulary, and Spelling Tests;
(2) An assessment of communication skills and/or basic interpreting skills;
(3) A written test covering ethics, interpreting issues, and cultural knowledge and sensitivity; and
(4) A performance evaluation of interpreting skills, using appropriate nationally recognized protocols.

Throughout this process, the involvement of consumer and professional organizations is imperative, particularly the Kentucky Association of the Deaf, the Alexander Graham Bell Association of the Deaf, Self Help for Hard of Hearing People, and the Kentucky Registry of Interpreters for the Deaf, in the collaborative efforts.

# STRATEGIC PLANNING
## Adult Services — Interpreting: Training

> ***"In order to communicate effectively and fluently, people must feel at home in their language, and the deaf are no exception."***
> **Robert F. Panara**

> ***"Even those interpreters who are available are often untrained or inadequately trained to meet the specific demands for interpreting or working in the educational setting."***
> **United States Office of Special Education, when announcing a new grant**

### Critical Need

A critical need exists to expand and enhance the state Interpreter Training Program at Eastern Kentucky University, while concurrently increasing the provision of other interpreter training activities. This will result in an increase in the quality and quantity of interpreters and provide opportunities for additional training and skill upgrading of present interpreters.

### Action Needed

- By July 1996 provide permanent funding for the expansion of the Interpreter Training Program at Eastern Kentucky University.
- By 1997 provide flexible intensive training.
- By July 1997, provide workshops and intensive short-term opportunities for interpreters to upgrade their skills at various locations in the state.

The Interpreter Training Program at Eastern Kentucky University and other entities providing training activities will:

- actively recruit interpreters from a diversity of geographical and economic settings across Kentucky;
- in cooperation with various organizations of the deaf, state agencies and educational institutions, provide mentorships which offer student interpreters on-site, real-life experience;
- address the diverse situations for which interpreters are needed, including medical, legal, psychological, governmental, and other specialty areas;
- include interpreter training for special populations such as: ASL deaf persons, deaf-blind persons, oral deaf persons, and persons who use cued speech.

(The EKU ITP and other entities providing training activities will strive toward increasing from the currently 31 nationally certified and the 61 state evaluated interpreters to approximately 200-250 interpreters by the turn of the century.)

### Possible Implementing Institution

Eastern Kentucky University Interpreter Training Program

### Potential Collaborating Institutions and Agencies

Department of Vocational Rehabilitation
Community Colleges across Kentucky
Kentucky Commission on the Deaf and Hard of Hearing
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Kentucky Tech - Jefferson State Campus
University of Kentucky
University of Louisville
Western Kentucky University
Murray State University
Morehead University
Northern Kentucky University
Kentucky State University

### Estimated Cost Analysis

**(Subject to Review and Modification)**

(The following budget has been developed by EKU and forwarded to the Council on Higher Education and will be presented to the General Assembly as part of EKU's funding request for 1996-97 and 1997-98)

| | | 1996/97 | 1997/98 |
|---|---|---|---|
| Replacement of Vocational Rehabilitation Grant | Subtotal | $114,674 | $120,407 |
| Expansion of Richmond Interpreter Training Program | Subtotal | $276,454 | $290,276 |
| New Louisville Satellite Interpreter Training Program | Subtotal | $235,844 | $247,636 |
| | **GRAND TOTAL** | **$626,972** | **$658,319** |

*"There is a lack of funding for the expansion and improvement of the Interpreter Training Program."*
**Interpreter Work Group**

## Potential Funding

**Potential Sources:**
General Assembly
Eastern Kentucky University Interpreter Training Program

## Results/Impact

- As a result of this action the state of Kentucky will see a significant increase in the number and availability of interpreters from the current 31 nationally certified and 61 state evaluated interpreters to approximately 200-250 interpreters by the turn of the century.
- The impact will be increased access to all privileges of citizenship for people who are deaf and hard of hearing and an increased understanding of the deaf and hard of hearing culture.

## Strategic Action

*"Create short term intensive training to interpreters in Louisville and elsewhere in Kentucky that is a precursor to certification."*
**Interpreter Work Group**

The steps involved in a Strategic Plan to improve interpreter training in Kentucky include the following:

- Secure full funding for the Eastern Kentucky University (EKU) interpreter training program.
- Offer through the EKU interpreter training program a two-year (A.A.) extension program to train interpreters in the Louisville area.
- EKU, in cooperation with other institutions and agencies, will actively engage in the provision and promotion of various types of training activities, including but not limited to: workshops, coursework, seminars, summer institutes and flexible intensive training across Kentucky.
- Establish a system by which EKU ITP will receive ongoing input from organizations such as but not limited to: Kentucky Association of the Deaf, Self Help for Hard of Hearing, Alexander Graham Bell Association, Kentucky Registry of Interpreters for the Deaf, Louisville Association of the Deaf and others.
- Engage in a concerted effort to identify and recruit interpreters, including but not limited to the following sources:
    Children of Deaf and Hard of Hearing Adults
    American Sign Language Classes
    Statewide Newsletters and Publications
    National Publications for Deaf and Hard of Hearing Persons
    The Deaf and Hard of Hearing Community
    "Grassroots" Community Resources
    Interpreter Organizations and Publications
- Structure on-site support such as internships and mentorships.
- Provide training such as workshops, seminars, intensive specialty training, and summer institutes in various geographical areas of the state through collaborative efforts with all local, state, and regional agencies.
- Develop and/or offer specialized flexible training as continuing education for interpreters in areas such as:
    Ethical Standards and Behaviors
    Educational
    Legal/Judicial
    Medical
    Professional Issues
    Technical
    Conference/Platform
    Performing Arts
    Mental Health/Human Services

*"Educational interpreters should be required to attend training in their field annually."*
**Interpreter Work Group**

- Develop and /or offer specialized training for interpreting with the following population groups such as:
  - Deaf and Hard of Hearing Persons with Minimal Language Skills
  - Deaf and Hard of Hearing Persons with a Preference for American Sign Language (ASL)
  - Deaf and Hard of Hearing Persons with a Preference for Conceptually Accurate Signed English (CASE), Signing Exact English (SEE) and related English based sign systems.
  - Deaf and Hard of Hearing Persons with a Preference for Cued Speech
  - Deaf-Blind Person who use Tactile Communication or other methods such as Close Vision, or Restrictive Field signing
  - Deaf Persons with a Preference for Oral Communication

## Supporting Documentation

*"There should be a statewide interpreter training long range plan."*
**Interpreter Work Group**

### A BRIEF HISTORY OF INTERPRETER TRAINING

Public Law 89-333, the Vocational Rehabilitation Act of 1965, opened an important new means for state vocational rehabilitation agencies to improve services for deaf and hard of hearing people by authorizing for the first time, interpreters as a case service for deaf and hard of hearing clients. Subsequent legislation (i.e., P.L. 93-112, P.L. 94-142 in 1975, the Education of the Handicapped Act, P.L. 95-602, the Rehabilitation Amendments of 1978, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disability Act of 1990) has made clear the intent of Congress to provide access to quality interpreting services for all deaf and hard of hearing persons, regardless of their mode of communication.

In Kentucky, the legislature has taken action to train interpreters across the state. In 1986, the legislature responded to the need for sign language interpreters by passing HB 322 (KRS 164.478). This legislation provided the mechanism to establish an interpreter training program that would minimally provide at least an associate degree in interpreting. The Council on Higher Education selected EKU as the institution to provide the training. Until 1995, one full-time faculty member at EKU was the primary source for training interpreters in higher education. A full-time sign language lab manager was hired in 1994 and beginning in 1994/95 a major multimedia remodeling of the sign language lab project was begun. In Fall 1995, the EKU ITP hired three additional full-time faculty at the Richmond campus to help address the need to train additional interpreters. Progress has been made in training sign language interpreters, yet a shortage still exists. Working in cooperation with the Council on Higher Education, EKU has developed a comprehensive proposal to the 1996 legislature for addressing this current shortage. Expansion will be channeled through two avenues. One is to expand and enhance the program on the main campus in Richmond. The second is to establish a new satellite program. The legislation that created the Interpreter Training Program in 1986 supports the establishment of a satellite program.

*"Recruit individuals for the interpreter training programs from rural Kentucky through the use of loan waiver programs."*
**Interpreter Work Group**

HB 332 (KRS 164.478) "By the beginning of the 1987-88 school year, the university shall implement an extension interpreter training program which shall move to different sites throughout the state from year to year."

Since 1990 EKU has offered courses at Thomas More College, Northern Kentucky University, and Western Kentucky University and has offered intensive workshops in the Louisville area through the Deaf Community Center. The deaf, hard of hearing, and hearing consumers have indicated that a need exists in the Louisville area for a permanent satellite program. The 1995 proposal to the legislature addresses the need for a permanent satellite program in Louisville. The satellite program in Louisville will have new faculty and staff permanently assigned to Louisville in addition to those on the Richmond campus. The Richmond and Louisville programs will also be actively involved in the provision of workshops and intensive training institutes.

EKU has the expertise and degree program in place and can move quickly to collaborate with an institution of higher education in Louisville to train interpreters. A satellite program will provide consistent and ongoing training.

Technology and distance learning will be explored as two methods for offering specialized coursework and/or workshops between Louisville and Richmond, and throughout the state. The combination of short and long term training will work exceptionally well to meet the ongoing and critical shortage of qualified interpreters for deaf and hard-of-hearing individuals in Kentucky.

Research on Interpreter Training Programs throughout the United States has demonstrated that two-year associate degree programs are seen as a minimum length of time for training interpreters. The national trend is for training programs to move toward four-year degrees. The reason for lengthening training programs is twofold. The first is the time necessary for developing the level of language (ASL) and interpreting skills consumers require. Interpreters must also have a well-rounded liberal arts background that will enable them to interpret in a diversity of settings. For example, an interpreter could interpret an eye exam or physical exam in the morning and a job interview at LexMark in the afternoon. A simple or basic interpreting assignment in today's world does not exist. Communication is a complex process which varies from consumer to consumer and from setting to setting. Humphrey and Alcorn (1995) emphasize this trend toward longer training and the need for a broad based education:

*"How can I drive to Richmond from Louisville for training?"*
**Participant**
**Interpreter Forum**

> Interpreter educators have determined that a broad liberal education is critical if one is to succeed as an interpreter. In addition, it is imperative that interpreters be trained in the task of interpretation. A majority of certified Sign Language interpreters are college graduates with 32% holding a Bachelor's degree, 25% holding a Master's degree and 2% holding a Doctorate (Humphrey and Alcorn, 1995).

A phone survey of seventy-seven Interpreter Training Programs completed in October of 1995 by Dr. Karen Petronio of EKU indicates a national trend toward higher degrees and extended training.

Regarding the length of the programs, the following breakdown was found:

| | |
|---|---|
| MA | 2 years |
| BA/BS | 4 years, (one five year program) |
| AA/AAS | range from 2 to 3 years |
| Certificate | range from 1 to 4 years |

The certificate programs vary in both their prerequisites and their length. For example, some certification programs required a BA/BS to enter the program, others required an AA/AAS in Deaf Studies or ASL, and yet others only required two semesters of ASL.

Interpreter training has evolved significantly during the past thirty years. In terms of training standards we now find ourselves emulating the best practices and standards followed by spoken language interpreter training programs. Several quotes have been selected to highlight the length of training programs and educational configuration for the training of successful interpreters.

In Preparing for Studies in Interpretation and Translation An Outreach publication of the National Resource Center for Translation and Interpretation, Georgetown University (1990), Patrick S. P. Lafferty asserts:

*"Deaf people need a voice in the training process."*
**Deaf Consumer**
**Town Hall Meeting**

> The best option seems to be a major that will help you build a strong liberal arts background and perfect your languages. The choice will depend on your abilities and interests and language and a science may be useful or, if your institution permits, a double major. Whichever approach you take, we suggest that you incorporate as much coursework in history, philosophy, political science, economics, and composition as possible. A list of courses from which

> Georgetown University interpretation candidates and students minoring in translation must choose is listed on page 11. Your institution may offer comparable courses. To the extent that your program allows, you should supplement this list with coursework from the sciences, medicine, and law. (p. 8)

*"We need qualification guidelines for ASL instructors."*
**Interpreter Work Group**

The national trend for expanding and extending the length and type of training of interpreters is highlighted in the 1993 RID Convention Keynote Address, Carol J. Patrie from Gallaudet University stated:

> The issue of providing training at advanced academic levels was also addressed by Anderson and Stauffer (1990, p. 86) when they stated, "RSA should increase its investment in pre-service academic programs that offer at least a two year associate degree program in interpreting. Programs that offer both two year AA and advanced degrees (i.e. Bachelors) are the ideal. At a minimum, however, RSA moneys should be directed towards pre-service training at the Associate degree level which serves as a vehicle for attracting a large number of prospective trainees into the field. Beyond the Associate degree level, the host institutions and local and state governments should be encouraged to assume leadership and provide support for advanced degree programs in interpreting. Anderson and Stauffer go on to say that, "The ideal solution is one in which trainees have access to a broad mix of programs that range from associate to doctoral degree programs as well as continuing professional development through in-service training. (p. 9)

*"An unmet need for continuing education for interpreters, including mentorship programs."*
**Interpreter Work Group**

Concurring that a broad mix of training activities is ideal to attract potential interpreters and enhance skills of those already working in the field, the Task Force members have expressed their support for the expansion of the EKU ITP pre-service and the provision of other in-service training activities.

The crisis situation regarding the national shortage of interpreters is discussed in full in the Interpreting: Quality and Standards recommendation of this Task Force Report. It is also clear that there is not a sufficient influx of interpreters to meet the current demand. Expressed repeatedly in the Town Hall meetings by deaf and hard of hearing consumers and interpreters was the need for the expansion of the EKU ITP and other training activities. Recruitment and training of potential interpreters throughout the state needs to be focused in areas of Kentucky where the need is greatest.

*"Develop continuing educational opportunities for interpreters including mentorship programs, specialty areas, skill enhancement . . ."*
**Interpreter Work Group**

### SPECIFIC TASK FORCE RECOMMENDATIONS

Kentucky must expand and enhance its capabilities to meet the need for interpreters across the state. Expanding the existing interpreter training program at EKU is necessary, and the establishment of the EKU Outreach program in Louisville is critical. It is also essential to provide additional training activities throughout the state to assist working interpreters in upgrading their skills and abilities. This Task Force recommends:

(1) Expand and enhance the existing EKU ITP in Richmond.
(2) Establish a two-year (A.A.) extension EKU interpreter training program in Louisville.
(3) Explore expansion of the existing two-year (A.A.) program at Eastern Kentucky University to a four-year bachelor level program.
(4) Provide training such as workshops, seminars, intensive specialty training, and summer institutes in various geographical areas of the state through collaborative efforts with all local, state, and regional agencies.
(5) Provide flexible intensive training activities.

*"Provide funding for tuition assistance for continuing education for currently practicing interpreters."*
**Interpreter Work Group**

### TRAINING PROGRAM CONTENT AND STANDARDS

The Conference of Interpreter Trainers is the national professional organization of educators who train sign language interpreters. EKU is striving towards emulating recommended CIT standards. This organization conducts research on and develops recommended standards for Interpreter Training Programs. Their standards reflect the best current thinking in the field and have been highlighted in the following section to illuminate current trends in training.

LANGUAGE:
In the National Interpreter Education Standards (1995), Conference of Interpreter Trainers (CIT) published the following guidelines:

Language prerequisites shall be specified as a foundation for the professional education.

1. American Sign Language
   a. Students shall possess proficiency in American Sign Language that at least enables them to converse in a culturally appropriate and participatory fashion, to narrate, and to describe with connected discourse.
2. English
   b. Students shall also possess proficiency in English that at least enables them to converse in a culturally appropriate and participatory fashion, to narrate, and to describe with connected discourse. (p. 9-10).

*"We have many good interpreters, well trained, without certification. But we need deaf interpreters and trainers."*
**Deaf Consumer Group**

CONTENT REQUIREMENTS:
Under content requirements, the 1995 CIT Standards state that "the course of study shall be based on a broad foundation of liberal arts, sciences, professional education, research, and practicum." The following five categories have extensive subcategories which further detail the main headings.

*"Certified??? Can we trust interpreters to be adequately trained???"*
**Deaf Consumer Group**

1) Liberal arts content that is prerequisite to, or concurrent with, professional education ....
2) Social and behavioral sciences content that is prerequisite to, or concurrent with, professional education.
3) Professional education which will enable students to develop and apply knowledge and competencies in interpretation, such as:
   - theories of interpretation and translation
   - interpreter role and responsibilities
   - professional ethics
   - dynamics of cross-cultural interaction
   - certification and licensure
   - business practices
   - ability to use different modes of interpreting
   - ability to choose the appropriate mode in a given setting
   - breadth of knowledge allowing interpretation of general discourse within several fields
   - sufficient specialized knowledge of one or two disciplines allowing interpretation of more specialized discourse within these disciplines
4) Research
5) Practicum (p. 9-13)

Supervised practicum shall be an integral part of the educational program.
The practicum should provide experiences with various groups across the life-span, various language preferences, and various service delivery models reflective of current practices in the profession.

CURRICULUM:
Under curriculum, the 1995 CIT Standards lists the two primary categories with subcategories which detail the main headings.

1. Description of the Program
2. Curriculum Design (p. 8-9).

PROGRAM EVALUATION:

Under program evaluation the 1995 CIT Standards state "The program shall have a continuing system for reviewing the effectiveness of the educational program especially as measured by students achievement and shall prepare timely self-study reports to aid the staff, the sponsoring institution, and the accrediting agencies, where applicable, in assessing program qualities and needs." The CIT Standards then list the two following categories with extensive subcategories which further detail the main headings.

1. Outcomes
2. Results of Ongoing Program Evaluation (p. 7).

RESOURCES:
Under resources the 1995 CIT Standards identify and detail the following categories for effective delivery of training.

1. Program Director
2. Faculty
3. Faculty/Student Ratio
4. Clerical and Support Staff
5. Financial Resources
6. Physical Resources

SUMMARY
The field of Interpreter Training is a rapidly evolving discipline with a developing body of specialized knowledge and training standards. Involvement and utilization of deaf, deaf-blind, hard-of-hearing and hearing consumers is critical for the successful training and preparation of interpreters. Toward this goal, the Task Force reiterates its support for the expansion of the existing EKU ITP, the establishment of the EKU Outreach program in Louisville, and the provision of other training activities.

# STRATEGIC PLANNING
## Adult Services — Interpreting: Statewide Referral Center

**Consumers**

*"If the job offer attracts more qualified interpreters, then more deaf students will enroll."*

*"I had no interpreter for a meeting with my supervisor to resolve a problem at work."*

### Critical Need

A critical need exists for a Statewide Interpreter Referral Center to provide the following services and assurances:

- Interpreting services.
- Full-time interpreter positions with benefits throughout Kentucky.
- Consistency in services to deaf and hard of hearing consumers.
- High performance standards and competitive pay for professional interpreters.
- Consistency of interpreter services within state government.
- More availability of interpreters.

### Action Needed

- Establish a Statewide Referral Center to better utilize the existing pool of available interpreters.
- Establish a monitoring system to regulate the quality and availability of interpreter services for deaf and hard of hearing persons in Kentucky.
- Improve the working conditions for interpreters, including better salaries and benefits.
- Improve the quality and availability of interpreters for deaf and hard of hearing persons in Kentucky.
- Survey consumers to identify interpreting needs, i.e. deaf and hard of hearing individuals, school districts, universities, community colleges, vocational schools, state agencies, court systems, and private enterprise.

### Possible Implementing Agencies

Kentucky Commission on the Deaf and Hard of Hearing
Administrative Office of the Courts
Cabinet for Human Resources
Council on Higher Education
Department of Vocational Rehabilitation
Kentucky Department of Education

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| KCDHH Statewide Interpreter Referral Service (Start-up Funds) | $ 125,000 |

### Potential Funding

| | |
|---|---|
| Currently Existing Funds | $0 |

**Potential Sources:**

All State Agencies
Private Sector
Public Sector
Service Fees

### Results/Impact

- Quality assurance of interpreting services.
- More equitable and standardized pay from employers or contractors.
- Mainstreaming programs at local school districts.
- Availability of interpreters to consumers.
- Improved utilization of existing pool of interpreters.
- Accessibility to higher education, state agencies, private enterprise, and compliance with the Americans with Disabilities Act of 1990.

**Interpreters**

*"More people would be encouraged to enter the field of interpreting by increasing the pay."*

6

# STRATEGIC PLANNING

## Adult Services — Interpreting: Statewide Referral Center

### Strategic Action

- Authorize the Kentucky Commission on the Deaf and Hard of Hearing as a Statewide Referral Center for interpreters for persons who are deaf and hard of hearing, with the authority to subcontract for such interpreter services with professional service providers or Deaf Access Centers by July 15, 1996.
- Employ two individuals to establish, maintain, and coordinate a statewide referral center.

### Supporting Documentation

A crisis situation exists in Kentucky: there is one certified interpreter in the state for every 11,969 deaf and hard of hearing persons. This crisis is discussed in depth in two other sections of this Task Force report: Interpreter Certification and Interpreter Training.

Kentucky has 31 certified interpreters, of whom 20 are in positions of full-time employment. The remaining 11 are free-lance interpreters available to the total of all state agencies, all 176 school districts, hospitals, courts, police stations, mainstream schools, and universities. Free-lance interpreting does not provide consistent pay nor sufficient income to purchase benefits normally provided through full-time interpreters.

> ***"After contacting a majority of the area's qualified interpreters, they informed us that Jefferson County's salary is non-competitive. Nearly every other local agency and educational institutions in surrounding counties and southern Indiana offers a higher salary than Jefferson County. Pay scales from the surrounding area have been researched."***
> **Teacher of the Deaf and Hard of Hearing in a public school system**

To better utilize the existing pool of available interpreters it is imperative that a Statewide Referral Center be established. Such a center will employ full-time interpreter personnel to provide direct interpreter services. The Center will contract with organizations in various locations throughout the Commonwealth to provide local interpreting services.

One interpreter referral agency currently operates in Louisville. This agency, however, serves mostly the metropolitan Louisville area. There is no agency to serve the entire state. Until the pool of certified, qualified interpreters reaches 200-250, a Statewide Referral Center is the only means possible of ensuring that interpreter needs in every area — state agencies, schools and universities, hospitals, courts, police stations — are met.

In correspondence to Dr. Bobbie Beth Scoggins, Executive Director of the Kentucky Commission on the Deaf and Hard of Hearing, Timothy Owens, Executive Director of the Deaf Community Center, Inc., of Louisville (1995) points out that no statewide group monitors either quality or adherence to the Code of Ethics established by the Registry of Interpreters for the Deaf (RID). As a result, numerous incidents have occurred where interpreters have violated the rights of deaf and hard of hearing persons. Owens writes: "This is an injustice to persons who strive to be independent but must always be filled with questions and concerns . . . 'Is this interpreter qualified?' . . . 'Will this interpreter convey the messages truthfully and spiritually?'" Owens contends that the fact that deaf persons have to deal with this for every interpreter is unjust. In Louisville, interpreters who step out of their roles are corrected; the result is that deaf persons feel a sense of empowerment. Without direct interpreter supervision, as is the case in every other area of Kentucky, deaf and hard of hearing persons have absolutely no assurances that their rights will be respected and their grievances heard.

Laws which require that federal, state, and private entities make their services available to all persons include the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.

> ***"We need more good interpreters!"***
> **Deaf Consumer Interpreter Forum**

#### Interpreter Referral Centers in Other States

To assess the availability of services in other states, telephone contacts were made in June 1995, to various state commissions and agencies requesting information. The following is a summary of existing referral agencies in five states.

The Statewide Referral Agency most similar to that being proposed for Kentucky is located in the Commonwealth of Virginia. Virginia's Interpreter Services Program coordinates and refers interpreting services by contracting with qualified interpreters whose credentials are verified and assignments made on the basis of consumer preference, level of skill, experience, and availability. Section 63.1-84.4:1 of the Code of Virginia authorizes the Virginia Department for the Deaf and Hard of Hearing "to establish, maintain, and coordinate a statewide service to provide courts, state and local legislative bodies and agencies, both public and private, and hearing impaired persons who request same with qualified interpreters for the hearing impaired. The VDDHH is also authorized to establish and maintain lists of qualified interpreters. Interpreters are expected be have certification from any national organization whose certification process has been recognized by VDDHH, a screening level awarded by the Virginia Quality Assurance Screening Program of VDDHH, or a screening level or recognized evaluation from another state.

South Dakota also has had an interpreter referral center for 20 years. Five full-time interpreters and 25 part-time interpreters are employed, along with the Division Director, a clerk, and two accountants. Benefits are paid on both full-time and part-time employees. Approximately 15,000 hours or service are provided annually. Technically a state agency, the referral center functions by way of grants from the state to do all types of services. They have a "mega contract" which includes funding from Mental Health services, Substance Abuse programs, and other agencies contracting for their services.

> ***"Communication is fundamental to the everyday activities . . . through communication, we develop relationships with others, transact our business, and pursue our goals."***
> **World Institute on Disability, 1991**

In Iowa, the interpreter referral program is managed by an administrator and an administrative secretary who functions as a receptionist and bookkeeper. The five full time interpreters must be certified. Laws in Iowa require that certified interpreters must be used any time a deaf or hard of hearing person is arrested. Problems exist because interpreters have a choice of signing on with the agency or free-lancing; those who free-lance can charge whatever they want whereas those who work for the agency are paid a standard salary depending on qualifications and/or certification. All interpreters bill the agencies directly for services.

Connecticut considers its interpreters state employees and the interpreter referral agency handles all billing. The agency employs more than 60 part-time interpreters and has four full-time interpreters. Interpreter trainees who have not yet passed certification tests are also employed. The permanent part-time interpreters are guaranteed twenty hours per week of work and are paid benefits, travel time, mileage, and a shift differential.

The Oregon Deaf and Hearing Impaired Access Program under the Oregon Disabilities Commission has four full time staff persons, including an American with Disabilities Act (ADA) Coordinator/Access Specialist, a trainer to state agencies, a program coordinator, and an interpreter coordinator. The program serves only state agencies, from which they receive 400-450 requests per month, and spends $500,000 per year. Their free-lance interpreters are independent contractors and receive no benefits.

The above listing is by no means exhaustive. Interpreter referral centers or the equivalent exist in numerous other states, including Texas, Wisconsin, Washington, Pennsylvania, and Nebraska. From the foregoing discussion it is obvious that the need has long been recognized and is being addressed in these places. Now is the time for Kentucky to develop its own interpreting referral center so that the needs of deaf and hard of hearing persons are fully addressed and the services and programs available to hearing persons are made accessible to them.

### The Advantages of an Interpreter Service Center for Kentucky

The operation of a Statewide Referral Center will provide a certain consistency and reliability in the provision of interpreter services. Such is not now available. The control of quantity, sharing, and quality of interpreters will be significantly improved. The availability of interpreters will also be considerably more consistent. The recruiting of quality interpreters from out-of-state will be better controlled through personnel searches. Employment will be improved also, through more equitable pay and benefits.

The Statewide Referral Center will serve as a placement center for interpreters completing the Training Programs and for new interpreters entering the field. Interpreters will have an increased motivation for relocating to Kentucky as a result of improved working conditions and an ever-increasing waiting list of jobs.

Deaf and hard of hearing consumers have no means for a grievance process by which they can report unprofessional and/or unqualified interpreters. A Statewide Referral Agency also will provide an avenue where grievances and complaints can be filed.

In the final evaluation of the Bay Area (California) Deaf Counseling and Referral Agency by the Applied Research Consultants (1979), the researchers reported that agency representatives and deaf and hard of hearing consumers were not only satisfied with interpreter services but also impressed with the interpreters. In closing their evaluation, the researchers wrote: "Agencies substantially staffed and controlled by deaf persons can do a better job of providing direct social and related services to the greatest number of deaf and hearing impaired citizens than can governmental and other community-based organizations and that deaf and hearing impaired individuals will be more likely to seek, accept, utilize, and benefit from such services from such agencies."

Deaf and hard of hearing persons in Kentucky can wait no longer to access the services and programs they need. KCDHH is legally bound to oversee interpreting services. The development of a Statewide Referral Center will allow KCDHH to fulfill its mandate.

*"Deaf and hard of hearing persons in Kentucky can wait no longer to access the services and programs they need. KCDHH is legally bound to provide interpreting services. The development of an Statewide Referral Center will allow KCDHH to fulfill its mandate."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

# STRATEGIC PLANNING

## Adult Services — Regional Community Access/Service Centers

**Dichotomy within state agencies regarding services to persons who are deaf and hard of hearing:**

***"Rehabilitation Counselors for the Deaf working with clients who are Deaf have experienced frustration resulting from inaccessible services otherwise available to hearing persons . . . such as treatment for substance abuse, registering for work with the local employment office, obtaining food stamps and medical assistance. Staff skilled in deafness and/or professional interpreters were not available or obtained by agencies that provide these services to hearing persons."***
**Representative, Division of Vocational Rehabilitation**

### Critical Need

A critical need exists for a network of access centers to:

- Provide deaf and hard of hearing citizens with equitable access to existing human services programs, including but not limited to mental health, aging, substance abuse services, family based services, adult services, residential facilities, and clinical services;
- Facilitate the utilization of existing services by deaf and hard of hearing persons through the use of advocates, interpreters, and other support personnel employed by the Access Center;
- Provide interpreter information and agency referral; and
- Provide necessary skill training for interpreters on a regional basis.

### Action Needed

- By July 1996, CHR and KCDHH shall hire a two-person Management Team via a contractual arrangement responsible, under the direction of CHR and KCDHH, for identifying needed services and developing draft Requests for Proposals (RFPs). The proposals will be reviewed by a team consisting of collaborating agencies and deaf and hard of hearing consumers. RFPs will be structured to ensure local and regional collaboration. CHR will contract with the successful applicants to develop Access Centers in Louisville and the Bowling Green (West Central) regional areas.
- By July 1997, CHR and KCDHH will have effected the service delivery system for the establishment of two Access Centers, to be situated in Louisville and Bowling Green (West Central), to facilitate the provision of services to deaf and hard of hearing persons.
- By January 1999, CHR and KCDHH will contract with four additional nonprofit entities to serve as Access Centers in Eastern, East Central, Northern, and Western Kentucky.

### Possible Implementing Agencies

The Cabinet for Human Resources with the assistance of the Kentucky Commission on the Deaf and Hard of Hearing, in collaboration with agencies and organizations providing services to deaf and hard of hearing individuals, including but not limited to:

- Council on Higher Education
- Kentucky Department of Education
- Workforce Development Cabinet
- Others as Required

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| **FY 96-97** | |
| General | $572,700 |
| Agency | $150,000 |
| **FY 97-98** | |
| General | $544,800 |
| Agency | $260,000 |

### Potential Funding

| | |
|---|---|
| Currently Existing Funds | $0 |

**Potential Sources:**
General Assembly

***"We are not experiencing any difficulty in accessing services for our deaf clients."***
**Representative, Cabinet for Human Resources, 1990**

### Results/Impact

- Deaf and hard of hearing persons will have access to an array of state agency programs and services currently denied to them on a regional basis.
- Level of frustration of deaf consumers and service providers will diminish as they are able to utilize currently existing services with the support of trained Access Center advocates.
- Empowerment of deaf and hard of hearing individuals will increase due to exposure to individual advocates on a regional basis.
- Interpreters will continuously upgrade skills though evaluations, seminars, and workshops on a regional basis.
- Quality and quality control of interpreters will be insured at the regional level.

> *"We need a central place where deaf people can go to get training in self-advocacy - particularly in regard to their legal rights."*
> **Deaf Consumer**
> **Town Hall Meeting**

### Strategic Action

The Cabinet for Human Resources (CHR), with the assistance of the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH), shall be the responsible agency to establish six Access Centers through partnerships and collaboration among other state and local agencies. Specific activities will include the following:

- By October 1995, the CHR will incorporate in its 1996-98 budget request funding for a two-member Management Team and two Access Centers. The Management Team will be contract employees, paid for by CHR and housed at the KCDHH. The team will be persons who are deaf or hard of hearing; they will report to both CHR and KCDHH, with hands-on supervision to be provided by KCDHH. Interagency agreements will be made by CHR regarding contract arrangements and overhead costs. The team will be charged with (1) supervising and eventual implementation of six access centers over a period of four years, and (2) providing supervised oversight, monitoring the operation of existing Access Centers, and developing the criteria for continued funding of the six Access Centers once they are established.

- CHR, with the assistance of KCDHH, may promulgate administrative regulations to define the scope of Access Center services.

- By 1998, CHR, in conjunction with KCDHH, shall ensure that requests for funding are submitted for the establishment of four additional Access Centers in East Central, Northern, Western, and Eastern Kentucky.

> *"The deaf are reluctant to participate in community services primarily due to the communication barrier between the deaf and hearing world. There is a real need for effective networking with other agencies and programs in our community."*
> **DVR Counselors and 504 Compliance Officer, in letter to *Courier Journal***

### Supporting Documentation

**Introduction**

The focus of this Task Force report has been on identifying the gaps in services and proposing solutions to some of the resultant problems. It seems appropriate at the beginning of this discussion on access centers to define the population which will be served.

Access centers by their very nature are designed to ensure that services are equitable and accessible, regardless of the disability. Within the deaf and hard of hearing community exists a continuum of individuals with diverse skills and abilities. Deaf and hard of hearing persons with no education are found on the continuum, just as are persons with advanced college degrees. In addressing possible causes for the discrepancy in services to deaf and hard of hearing persons, as compared to the greater scope of services to persons who are blind, Turechek and Stewart (1976) explained, "An analysis of services to deaf people and services to blind people points to greater public understanding of blindness . . . Generally, deafness just has not been well understood by the public."

The Deaf and Hard of Hearing Services Division of the Minnesota Department of Human Services has as a top priority serving traditionally underserved populations of deaf and hard of hearing Minnesotans. In the Fact Book (1994), a traditionally underserved person who is deaf or hard of hearing is "a person who possesses limited communication abilities (i.e., cannot communicate effectively via speech, speechreading or sign language, and whose English language skills are at or below a third grade level) and who (1) is not likely to live independently or maintain employment without transitional assistance or support, and/or (2) demonstrates poor social/emotional skills (i.e., solving problems, establishing social support, maintaining emotional control, acting impulsively, becoming frustrated easily, and/or becoming aggressive)."

In a survey of 143 deaf and hard of hearing Kansans, the Kansas Commission for the Deaf and Hard of Hearing examined employment, unemployment, and Vocational Rehabilitation experiences. Of the 143 participants, 93% ended their schooling at the high school or vocational technical level. Further, many deaf and hard of hearing individuals do not learn methods of accessing social services.

*"There is a need for more interpreters in community centers."*
**RID Views, 1994**

**A Brief History of "Access Centers"**

The first evidence of "Access Centers" is mentioned in the literature in 1969, when Henry Klopping indicated a serious need for an information and referral agency to serve deaf and hard of hearing persons (Klopping, 1969). Klopping's initial research spawned further studies, one of which resulted in the founding of the Greater Los Angeles (California) Association of the Deaf (GLAD) in 1969 (Meyer, 1971). The success of GLAD resulted in legislation enacting California's system of Access Centers. In arguing for this legislation, California's deaf and hard of hearing advocates maintained that "basic governmental services are not routinely adapted to meet the communication needs of deaf and hard of hearing persons and, therefore, the services they receive may be less than those provided to other persons because of the overwhelming communication problems which exist between service agencies and deaf and hearing impaired persons" (California Assembly Bill No. 2980, 1980).

GLAD was not the first "Access Center" however. In 1962 a group of volunteers calling themselves the East Bay Counseling and Referral Agency for the Deaf (EBCRAD) founded the first nonprofit community based organization to provide social services to the community of deaf and hard of hearing persons in San Leandro, California. In the late 70's the EBCRAD changed its name to the Deaf Counseling Advocacy and Referral Agency (DCARA), so as to include the word "Advocacy" in its name. In 1975, after 13 years of volunteer service by community members, funding was secured to employ its first two individuals. DCARA is at present governed by an all-deaf board of twelve individuals and employs a staff of forty people working in fourteen offices.

*"The function of finding, training, and assigning sufficient personnel to meet the needs of the hearing impaired in all areas of the Commonwealth could be better provided by agencies within the Commonwealth, specifically within the field services of the Cabinet for Human Resources."*
**Representative, Cabinet for Human Resources**

In 1979 DCARA commissioned the Applied Research Consultants, Inc., to conduct a formal evaluation of DCARA. The evaluation found that agencies or facilities which could serve deaf and hard of hearing persons fail to do so or give poor quality, due to a lack of knowledge and understanding of the unique needs of deaf and hard of hearing persons. The final conclusion of this in-depth research study is that "Agencies substantially staffed and controlled by deaf persons can do a better job of providing direct social and related services to the greatest number of deaf and hard of hearing citizens than can governmental and other community-based organizations, and that deaf and hard of hearing individuals will be more likely to seek, accept, utilize, and benefit from such services from such agencies" (Final Evaluation, 1979).

In 1976 Turechek and Stewart identified aspects of "A Model Community Services Delivery System for Deaf People." In justifying the need for Access Centers, Turechek and Stewart explained: "The communication problems involved make public understanding of the needs of deaf people a most difficult undertaking . . . .There are few, if any agencies within a given community where a deaf person may obtain understanding and assistance. Typically the community services agency worker cannot use the language of the great majority of deaf people. The current situation represents a terrible loss of human potential, inexcusable in the most affluent nation in the world."

In addition to California, various forms of access centers have been created in such states as Arizona, Arkansas, Indiana, Maine, Minnesota, North Carolina, Pennsylvania, Tennessee, Texas, and Virginia. To illustrate the manner in which other states have conceptualized and implemented access centers, those of North Carolina and Minnesota are discussed in further detail.

### North Carolina

The state of North Carolina, in 1979, enacted legislation creating the Council for the Deaf and Hard of Hearing under the Department of Human Resources. Subsequent amendments have resulted in expanded services with four components, one of which is the Community Affairs Unit (CAU). A human services network, the CAU is especially designed "to provide broad-based services to deaf and hard of hearing citizens specific to maximum participation and productivity in society. The program offerings include social services, independent living, job training, interpreter referral, interpreter training, interpreter assessment, sign language classes, equipment distribution, and Telecommunications Relay Services." A second component is the Family Resource Centers (FRC). These centers assist families in obtaining appropriate services for their children, from birth through the age of 21. Personnel in the centers provide unbiased information about communication approaches and educational settings, and offer emotional support, appropriate counseling, and referrals; they make available advocacy and resource services to families, schools and other agencies; and they offer support and training for educators, agencies, and other service providers who serve families with deaf and hard of hearing children. In 1994 the North Carolina General Assembly appropriated $6.6 million to the Division of Services for the Deaf and Hard of Hearing, of which approximately $1.7 million was earmarked for the expansion of the Community Affairs Unit. The result was an increase in the units staff from 19 to 53, which included additional staffing for the administrative office and the six regional resource centers.

*The ADA has set a course toward freeing vast numbers of disabled people from dependence on public handouts and has given them a shot at "the basics" - a job, a family, a big television set - the same things any citizen wants.*
**Counselor, Office of Disabled Student Services California State University, Northridge**

The Regional Resource Centers are empowered to provide direct and indirect services for persons who are deaf, hard of hearing, deaf-blind, and deaf with other disabilities. All Advisory Boards are made up of at least 51% deaf and hard of hearing consumers and professionals. The service approaches of the center programs include communication support services, empowerment, community development, and economic development. The 9-1-1 Access Planning Project is an example of a specific service with the mission of facilitating "equal access for the deaf and hard of hearing, speech impaired individuals to all public safety points."

### Minnesota

Minnesota has a population of approximately 430,000 deaf and hard of hearing persons. In 1980 the Minnesota Department of Human Services, in partnership with local, county, state, and federal public and private agencies, was mandated to create full access to Minnesota's human service system for people who are deaf or hard of hearing. This mandate was based on the Minnesota Hearing Impaired Services Act of 1980 (sections 256C.21-256C.27) which also provided for the establishment of the Regional Service Centers to provide deaf and hard of hearing people with a central entry point into the state human services system. Minnesotans defined human services to include correctional, educational, occupational, health, mental health, financial, and social services. Since this legislation was enacted, the Deaf and Hard of Hearing Services Division has come to include four key components: (1) Eight Regional Service Centers, (2) Division Program Development Staff, (3) Regional Advisory Committees, and (4) Management Team (Fact Book, 1994). A total of $1.6 million was allocated in FY 93-94 to the Deaf and Hard of Hearing Services Division.

### The Access Center Concept in Kentucky

In Kentucky the concept of Access Centers was being advocated as long ago as 1984 (KCDHH Minutes) and 1985 by deaf and hard of hearing persons (Spencer). In early 1984 KCDHH established a liaison with various state agencies to access services for deaf and hard of hearing persons, and a graduate student was hired to research and prepare a paper on the accessibility of services.

In 1989 the Kentucky Commission on the Deaf and Hearing Impaired requested additional funding which would support outreach. The idea was to establish four "teams of two" in parts of the state where service delivery was poor or nonexistent. In justification for the increased funding, Executive Director Rogers (1989) wrote: "Outreach teams would not be direct service providers. They would be an expansion of function as mandated in KRS 163.510." This funding was not forthcoming during the 1990-92 Legislative Session due to budget restrictions at a time when all state agencies were ordered to cut expenditures by three percent.

In 1990 a proposal for satellite services to serve deaf and hearing impaired persons in Owensboro was offered by the Resource Agency for the Deaf and Hearing Impaired (RADHI). The proposal to the Cabinet for Human Resources requested funding of $73,000, which would be used for "training interpreters, providing technical assistance to businesses, providers and employers implementing the requirements of the American's with Disabilities (ADA) act, increasing the availability of specialized education, counseling and employment services, and increasing accessibility to existing services" in ten western Kentucky counties (Robinson, 1990). Various agencies responded to the proposal; some offered support for portions while others took a position of maintaining the status quo. State officials recognized the need but were unable to commit funding. A case in point came from the Commissioner of the Department for Medicaid Services who wrote, "Undoubtedly there is a need for interpreters as evidenced by the document, but we do not see the solution involving Medicaid funding" (Butler, 1990). The subsequent decision by the Cabinet for Human Resources was not to contract with RADHI, based on two factors: "(1) We do not have available funds, and (2) We are not experiencing any difficulty in accessing services for our deaf clients" (Wallace, 1990).

***"And equally important, there would be an infusion of deaf and hard of hearing representatives in all the processes available in the hearing world, let it be a small town, a metropolitan area, a factory, a Fortune 500 corporation, state government, or the federal government."***
**Executive Director, North Carolina's Access Centers**

The need for Access Centers, however, has neither diminished nor disappeared. In the past two years deaf and hard of hearing persons have expressed serious needs for the services of Access Centers at the following events:

- October 1994 — Symposium 1994 for Deaf and Hard of Hearing Kentuckians. Representatives of the deaf and hard of hearing community, parents, educators, interpreters, and service providers worked together to determine four legislative priorities for the 1996 General Assembly. They began with a list of 67 issues that need to be addressed via legislation. They concluded, by consensus, that the establishment of regional community service centers is one of four top priorities. The remaining three of the four top priorities included (1) the establishment of statewide educational resource center, (2) expansion of interpreter training programs, and (3) introduction of the Educational Bill of Rights. All four of these top priorities are addressed in this Task Force Report.

- January 1995 — Symposium participants established the Legislative Action Coalition (LAC), a coalition of 25 consumer organizations with a total membership of 5,500 individuals. At this meeting, the regional community service center concept was renamed *Access Centers* because deaf and hard of hearing individuals felt that name represents what the Centers will truly accomplish — the access which has heretofore been nonexistent.

- April 1995 — Representatives of Education, Social Services, Mental Health, and Interpreter, State Agency work groups of this Task Force all identified the establishment of (or facilitating the establishment of) Access Centers as a priority recommendation.

The Deaf Community Center (DCC) currently exists to serve the needs of deaf and hard of hearing individuals in the Louisville metropolitan area. Established in 1983 and incorporated in 1986 as a nonproft organization, the DCC has as its primary goal that of encouraging and ultimately empowering each deaf and hard of hearing individual to lead an independent and

47

productive life with dignity. Programs are set up with support from the community and designed to work with diverse communicative and social resources for clients. A group in Bowling Green is in the process of establishing an Access Center with initial funding from the Kellogg Foundation and local community organizations. Clearly these two Centers are insufficient to meet the growing needs of the deaf and hard of hearing population in the Commonwealth. The map on the following page indicates the areas and the deaf and hard of hearing populations which would be served by the Access Centers proposed in this Task Force report.

*"We need a central place where deaf people can go to get training in self-advocacy — particularly in regard to their legal rights."*
**Deaf Consumer**
**Town Hall Meeting**

**The Tasks of Access Centers**

All regional Access Centers have several functions in common. These include:

- Services to Consumers
  - Assessment
  - Referral, Coordination, and Follow-up
  - Advocacy
- Services to Agencies
  - Consultation: Clients/Programs
  - Technical Assistance: Program Development/Evaluation
  - In-Service Training
  - Information and Resource Development
- General Services
  - Information and Referral
  - Interpreter Upgrading Opportunities
  - Community Workshops

Access Centers will not attempt to duplicate but will supplement the services currently being provided by various state agencies. Access Centers are meant to support and enhance the services of other agencies such as community mental health centers, programs for persons who are developmentally disabled, county health departments, the HomeCare Program, Senior Centers, Family Resource Centers, and Child and Adult Protective Services, and numerous other Cabinet for Human Resources programs. Because of the communication barrier, these services are inaccessible to deaf persons. Agencies have documented their inability to justify the on-site costs of interpreters, advocates, and assistive technology resulting in the denial of equitable access to deaf and hard of hearing persons.

A typically misunderstood function of access centers is that of advocacy. In the community of deaf and hard of hearing persons, advocacy takes on three possible meanings.

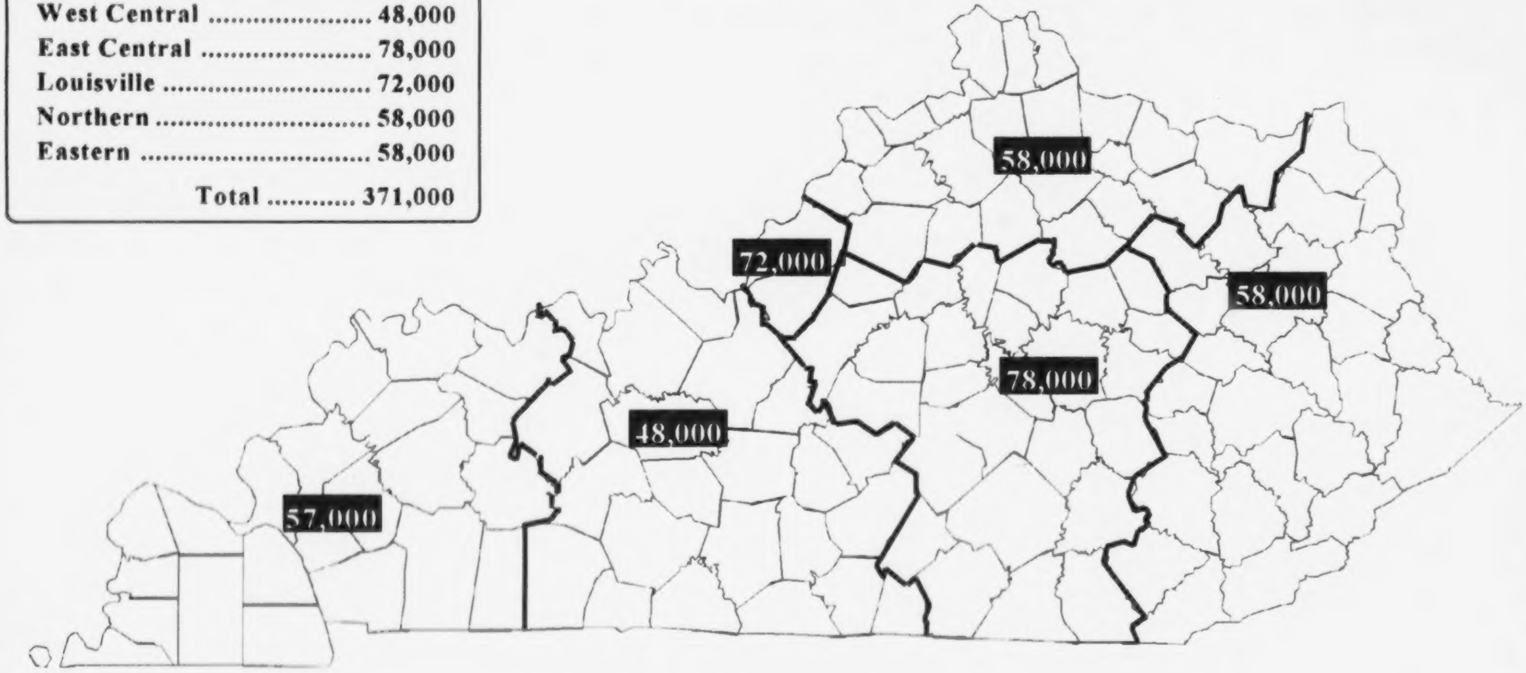
First is the commonly accepted understanding of advocacy regarding *group advocacy* or empowerment. Equally important is *individual advocacy*. An example can be found in the deaf person who goes with an interpreter to a social service agency to report abuse. Because interpreters are bound by a specific code of ethics, they cannot intervene in any way when the deaf person does not understand or may be too confused or fearful to reveal pertinent facts. In individual advocacy, a representative of the access center will accompany the deaf person and the interpreter; the advocate is able to intervene where necessary, to explain and to elicit important information.

*Policy-level advocacy* is the third type of advocacy to be identified in town hall meetings and in consultations with professionals in the field of deafness. Because of a critical shortage of certified interpreters, the participation of deaf and hard of hearing persons at policy-making levels is almost nonexistent in every area of government. Numerous organizations and state agencies are simply unaware of the access needs of deaf and hard of hearing persons and need advice on how to modify policies to accommodate deaf and hard of hearing individuals. Advocates from Access Centers will be qualified to provide that support.

## Population Density of Deaf and Hard of Hearing Persons in Proposed Regions to be Serviced by Access Centers

**REGIONS**

| | |
|---|---|
| Western | 57,000 |
| West Central | 48,000 |
| East Central | 78,000 |
| Louisville | 72,000 |
| Northern | 58,000 |
| Eastern | 58,000 |
| Total | 371,000 |


58,000
72,000
58,000
78,000
48,000
57,000

Access Centers meet a variety of needs. Deaf and hard of hearing persons have long been shortchanged by a system which embraces creativity, free enterprise, and individual initiative. Even more tragic is that deaf and hard of hearing persons have never had access to services currently existing for hearing persons. It is the erroneous belief that providing deaf and hard of hearing persons with interpreters will solve all problems. In discussing the powerlessness of deaf and hard of hearing persons, Miller (1990) wrote: "One example of the powerlessness is the love and hate relationships with sign language interpreters: . . . our ambiguities in our relationships with hearing people who are 'helpers,' who mean well but place us below them. We felt like little people who function normally but are kept under the control of those 'big hearing people who knew what was best for us.'" It was undoubtedly a similar experience which led a participant in a Town Hall meeting to express a need for a deaf advocate to accompany him to any kind of meeting which required the use of interpreters. In a situation where two service providers (two hearing people, the agency representative and the interpreter) would be working with two deaf individuals (the client and his advocate), the client wanted to be sure of equality of situation — in every facet of the communication process.

> *"Referral agencies are desperately needed to provide information on how to assist deaf people in utilizing existing services as well as any new services. And when communication breaks down, we should be ready to step in as advocates."*
> **Court Interpreter**

In many ways Access Centers are not unlike Kentucky's fifteen Area Development Districts (ADDs). Growing from a regional leadership network concept, the ADDs brought community leaders together to deal with common problems and to speak with one voice to state and federal agencies. The economies realized in using a regional partnership approach to public services was evident to the extent that agencies were able to collaborate one with another. ADDs serve as neutral, area-wide forums for community leaders to discuss and deal with common problems. As such, they are an effective, formal linkage between the community leadership within a region and the many state, federal, and private sector service agencies. All this is true of effective Access Centers for deaf and hard of hearing persons, regardless of location. But most important is that Access Centers, just like ADDs, provide near-instant information dissemination and data collection, community based strategic development planning, and professional, contract-based service delivery.

In both North Carolina and Minnesota, the Access Centers have regional advisory committees comprised of consumers, advocates, and/or professionals in the field of deafness. The advisory committees assist the Regional Service Centers in assessing the status of human services and identifying major issues which impact the development and delivery of appropriate, accessible services for deaf and hard of hearing consumers within regions. Usually members of regional advisory committees serve as representatives to other statewide advisory groups. This process facilitates the flow of information between regional and state advisory groups, ensuring that recommendations made by the state advisory group to the governor and legislature reflect regional issues and service needs.

### The Task Force Recommendation for Kentucky: Six Access Centers

Based on the input received from consumers and service providers throughout the state, and from a thorough review of literature describing the Access Center concept in other states, we recommend that Kentucky's Access Centers shall provide and coordinate services in five areas:

#### (A) Intensive collaboration with existing agencies

Intensive collaboration with existing agencies is planned so as to avoid duplication of services. The task of identifying specific collaborative strategies will be left to the individual Access Center. Examples of how this may be accomplished is provided by referring to the Minnesota plan. In partnership with the Department of Human Services and the Division for People with Developmental Disabilities, the Access Center staff promotes the availability of culturally appropriate services for persons who are deaf and hard of hearing and have developmental disabilities (Fact Book, 1994). The unique programming factors include:

- Access to all communication through American Sign Language or other appropriate visual means

- Installation of adaptive equipment (visual fire alarms, closed caption television decoders, TTYs, visual alarm clocks)
- Fully trained advocacy staff who understand the unique needs of deaf and hard of hearing persons and the culture of deaf people

**(B) Interpreter services**

Interpreter services are provided in a variety of settings, including medical, mental health, business, social services, employment — to mention a few. The types of services include:

- Interpreter referral
- Sign language support
- Support for oral deaf or hard of hearing persons
- Tactile interpreting support
- Real-time captioning support
- Notetaking support

**(C) Advocacy services**

The three types of advocacy to be provided by Access Centers are individual, group, and policy-level advocacy. Examples include:

- Deaf awareness
- Assistance in accessing service delivery systems provided by state and local agencies

**(D) Referral services**

- Assessment
- Referral, coordination, and follow-up services
- Specialized telecommunications equipment under the statewide TDD Distribution Program

**(E) Community education**

- Deaf Culture and Sign Language training for the general public (e.g., schools, public and private agencies, and/or organizations on a regional basis)
- Workshops for Interpreters (to facilitate upgrading from screened to certified)
- Parent Empowerment Workshops
- Workshops for Deaf and Hard of Hearing Consumers
- Consumer Training Workshop

The Task Force also recommends the organizational chart on the following page, which shows the interrelationships of the Lead Agencies and the Collaborative Agencies. The precise manner in which these agencies will work together has already been outlined on the second page of this section, under the heading, "Strategic Action."

> *"Having interpreters available full-time versus the cost and time spent contracting for these services (is) very effective. I have often wondered why staff interpreters could not be employed by State Government to cross agency lines and provide interpreter services as needed with billing being inter-accounted. It seems this would ensure that the services were available , thereby meeting legal mandates, and would be cost effective also."*
> **Representative, Department of Vocational Rehabilitation**

**Benefits of Access Centers**

Service provider agencies will directly benefit from Access Center services. For example, personnel in the Communication Support Services and Community Development agencies will be able to receive in-service training related to deaf and hard of hearing students and consumers. Support services such as sign language interpreters and real-time captioners will be available through the Access Center.

**Conclusion**

As stated earlier, one facility, the Deaf Community Center of Louisville, exists in the Commonwealth of Kentucky. A critical need exists to serve the population of deaf and hard of hearing persons in the other areas of the Commonwealth. Support services as they now exist are fragmented between many agencies. The precise responsibilities are not documented and, for agencies with multiple field locations, are probably handled differently from region to region. There is no single place the deaf or hard of hearing person can go to get direction. As the 21st century fast approaches it is critical that an entire segment of the American population not be "written off." The human potential - and the human capital - inherent in every citizen must be recognized. Failure to do so is shameful, especially with America being the most affluent nation in the world. This long range and strategic plan addresses this critical need and proposes a solution.

## RFP's
(Requests for Proposals)

to Support

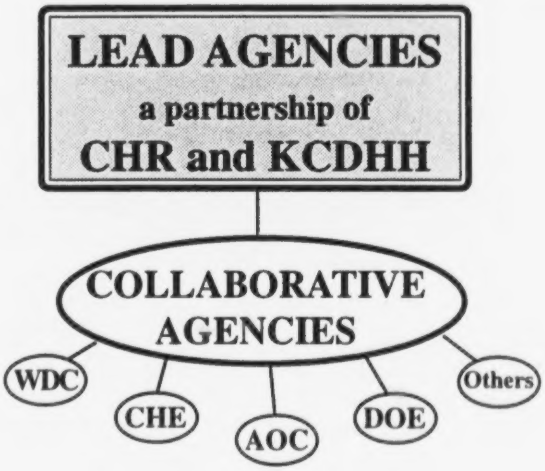
## ACCESS CENTERS
COMMUNITY/REGIONAL SERVICES

**for Persons who are Deaf or Hard of Hearing**

including

- Interpreter Services
- Advocacy Services
- Information and Referral
- Community Education

## ORGANIZATIONAL RELATIONSHIPS


LEAD AGENCIES
a partnership of
CHR and KCDHH
COLLABORATIVE AGENCIES
WDC
CHE
AOC
DOE
Others

BEST COPY AVAILABLE

## Adult Services — Elderly Deaf and Hard of Hearing Persons

### Critical Need

- Identify the specific needs of deaf, hard of hearing, late deafened, and recently deafened seniors in Kentucky.

### Action Needed

- Conduct a needs assessment of deaf and hard of hearing senior citizens with collaborative efforts through the use of publications, senior citizens' organizations, local Aging Councils, and the Division of Aging to determine the actuality of real/perceived gaps in services and make recommendations.
- Analyze information received through the needs assessment and formulate a plan to addressed the identified needs.

### Possible Implementing Agencies

Cabinet for Human Resources, Department for Social Services
Kentucky Commission on the Deaf and Hard of Hearing
Kentucky Association of the Deaf
Self-Help for the Hard of Hearing
Religious Institutions
Domiciliary care facilities, nursing homes, and other congregate living facilities
AARP
Senior Citizens Centers
Day Care and Day Health Programs

> *"The issues affecting deaf, hard of hearing, deaf-blind, late-deafened, recently deafened and deaf multi-disabled persons who are also 60 years of age or older have seldom been addressed or investigated. This oversight usually results in years of neglect, isolation, and often mistreatment."*
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| Needs Assessment | $5000 |
| Implementation Plan | $5000 |
| **Total** | **$10,000** |

(This funding is a part of a larger Department for Social Services expansion request for assistive communication devices for the elderly deaf and hard of hearing.)

### Potential Funding

Cabinet for Human Resources, Department for Social Services
Developmental Disabilities Planning Council

### Results/Impact

- Senior citizens who are deaf and hard of hearing will be able to identify the services needed by their group.
- Appropriate agencies can then propose solutions and devise strategies to meet these needs.

### Strategic Action

- By July 1997, conduct a thorough needs assessment in conjuction with the Division of Aging, Kentucky Commission on the Deaf and Hard of Hearing, and local Aging Councils;

- By September 1997, formulate a statewide plan to address the identified needs.

## Supporting Documentation

The issues affecting deaf, hard of hearing, deaf-blind, late-deafened, recently deafened and deaf multi-disabled persons who are also 60 years of age or older have seldom been addressed or investigated. This oversight usually results in years of neglect, isolation, and often mistreatment.

The continuing rise in the number of elderly Americans make it imperative that Kentucky agencies address the needs of this group. It is estimated that by the year 2000, 44 million Americans will be 60 or older.

The population of senior citizens who have hearing problems falls into two categories: (1) Deaf Adults: Individuals who have been deaf or hard of hearing all their lives and have experienced few changes in regard to hearing loss over the years, and (2) Deafened Adults: Individuals who have had normal hearing until their sixties or seventies, for whom hearing loss often presents great barriers. These are two distinct subgroups within the population, and are not homogeneous in terms of service delivery.

For the first group, perhaps the greatest need is appropriate facilities such as a group retirement home or nursing care facility. Appropriate care would, by necessity, include technological equipment such as TDDs, television decoders, assistive listening devices, and other assistive devices, and must be communication-accessible with qualified staff fluent in American Sign Language. The needs of deaf persons are different from those of persons who are deaf-blind or multi-disabled. These needs must be accommodated in whatever setting the individuals find themselves. In addition, hospitals, doctors' offices, and other care facilities are ill-prepared or equipped to meet the needs of elderly deaf and hard of hearing persons.

Currently no facilities such as a group home or nursing care exist in Kentucky. It is not known where or how deaf and hard of hearing persons cope once they reach the point of being unable to care for themselves.

*"Deafened adults face the dual dilemma of adjustment problems of becoming a senior citizen in addition to the gradual onset of hearing loss. For this group, psychosocial, educational, and independent living functions are often traumatically disrupted."*
**Musteen, et. al., 1990.**

Individuals who gradually lose their hearing later in life have very different needs. Until this point they have generally functioned well in society. Deafened adults face the dual dilemma of adjustment problems of becoming a senior citizen in addition to the gradual onset of hearing loss. For this group, psychosocial, educational, and independent living functions are often traumatically disrupted (Musteen, et. al., 1990).

Senior citizen centers, adult and continuing education programs, health care facilities and other agencies are available. The problem is: they are not communication-accessible for either deaf, hard of hearing, or deafened adults.

Musteen (1990) has recommended a viable program to serve elderly deaf and hard of hearing persons. This program includes:

(1) A formal assessment to identify and categorize the needs of the elderly population in the state;

(2) An analysis of policies and procedures of current agencies to assure that their programs are accessible and that age discrimination does not occur;

(3) The development of plans for cooperative agreements among health care agencies, rehabilitation facilities, state agencies, and senior centers to advocate for the needs of deaf, hard of hearing, deaf-blind, and multi-disabled deaf persons. This should include orientation to deafness presentations and information on new assistive devices;

(4) The development of an information system to keep consumers abreast of existing programs and ways in which they can be accessed;

(5) The implementation of assessment and evaluation techniques that measure overall areas of functioning in addition to vocational factors and hearing loss;

(6) The collaborative efforts of Vocational Rehabilitation Counselors, the Department for Social Services, Division of Aging, Kentucky Commission on the Deaf and Hard of Hearing, and other pertinent groups to address identified needs of both deaf adults and deafened adults;

(7) The provision of training in current technological advances in job engineering and assistive devices;

(8) The development of policies that will allow the provision of job retention and job maintenance services to elderly persons who remain in employment beyond the traditional retirement age.

These are merely suggestions. What Kentucky needs to do yet remains to be identified. The Task Force recommends that the Kentucky Commission on the Deaf and Hard of Hearing begin this process with a formal needs assessment, followed by the development of plans for cooperative agreements among various agencies which will advocate for the needs of deaf, hard of hearing, deaf-blind, and multi-disabled deaf persons.

# STRATEGIC PLANNING
## Adult Services — Mental Health Services

### Critical Need

- Need for collaborative efforts among state agencies
- Statewide Mental Health Plan for Deaf and Hard of Hearing Persons
- Continuum of care and a comprehensive array of services for deaf and hard of hearing persons
- Hospital treatment unit
- Regional Community Mental Health Services
- Training of service providers

> ***"There is a tremendous void in our state because we lack certified counselors, psychologists, and psychiatrists who have proficient communication skills. The lives of many Kentuckians who are deaf and need mental health services are hanging by very thin threads until that void can be filled."***
> **Parent of an eleven year old deaf boy in need of treatment**

### Action Needed

- To obtain interagency agreements among involved state agencies for the purpose of utilizing existing and applicable resources
- To develop, implement, administer, and evaluate a statewide system of diagnostic, psychotherapeutic, habilitative, rehabilitative, emergency, and community support services
- To develop and implement prevention programs to promote mental health and consultation services to other agencies
- To establish specialized inpatient and outpatient services to deaf and hard of hearing individuals with mental health problems
- To promote research and professional education in order to meet the needs of deaf and hard of hearing individuals (children, adolescents, adults, and elderly persons)
- To provide training for professional and support staff

### Possible Implementing Agencies

Cabinet for Human Resources
    Department for Mental Health and Mental Retardation
Kentucky Commission on the Deaf and Hard of Hearing (KCDHH)
    KCDHH Mental Health Committee

### Estimated Cost Analysis
**(Subject to Review and Modification)**

**FY 96-97**
General........................................$330,700
**FY 97-98**
General........................................$348,200
(This funding is a part of the expansion request of the Cabinet for Human Resources.)

### Potential Funding

General Assembly

### Results/Impact

- Deaf and hard of hearing individuals will have a more effective service delivery system.
- The mental health needs of deaf and hard of hearing individuals will be better served.
- Mental illness will no longer be a stigma among deaf and hard of hearing individuals.
- The level of frustration and distrust toward mental health service providers with little or no sensitivity to deafness will decrease.

**Strategic Action**

### PHASE I

- By July 1996, CHR, KCDHH, and the Advisory Committee on Mental Health Services to Deaf and Hard of Hearing Persons will develop a formal working relationship to address the mental health needs of the deaf and hard of hearing by adopting a statewide strategic and long range plan to establish case-management, outreach, program design, evaluation, service delivery support, technical assistance, and funding for a program to include identification of existing personnel and services with a plan to provide specialized inpatient and outpatient services and interpreter services.
- Request funding and two additional personnel so that by July 1996, a Mental Health/Deaf and Hard of Hearing (MH/DHH) Services and Support Unit within an existing branch in the Department for Mental Health and Mental Retardation Services will be in place.
- Request funding in the FY 96-98 biennial budget for stipends for mental health professionals to receive training to become fluent in American Sign Language and for qualified interpreters, deaf and hard of hearing individuals, or fluent signers in ASL to receive training to become mental health professionals.
- Request funding in the FY 96-98 biennial budget to establish a model regional mental health program for deaf and hard of hearing persons through the Bluegrass Community MH/MR Center in Danville.
- By January 1997, if funded, the model program will commence with three counselors; one outpatient services mental health counselor specializing in children's services; one outpatient mental health counselor for adults; and one outpatient therapist to be available to provide services to the deaf and hard of hearing in one inpatient facility. The team, in addition to providing direct services, will study the viability of and work toward establishing a plan for a specialized inpatient treatment unit.

> ***"There is no group home for the deaf...need deaf foster parent program for deaf kids with behavior problems -- we need deaf and hard of hearing counselors and staff. We need more information on mental health services related to deafness. We need more resources and we need to encourage people to know about resources we have in Kentucky."***
> **CompCare Center**
> **Employee, 1995**

### PHASE II

- By March 1998, the MH/DHH service and support unit, along with the KCDHH and the Advisory Committee on Mental Health Services for the Deaf will complete a statewide plan for developing an array of residential programs for adults and children who are deaf and hard of hearing.
- By July 1998, DMH/MRS will request funding for, and establish by January 1999, two additional regional mental health programs to provide services for deaf and hard of hearing individuals.
- By July 1999, new funding will support the establishment of a clinical services inpatient treatment unit for the deaf and hard of hearing. Requests for proposals to develop the unit will be advertised.

### PHASE III

- By July 2000, funding will be requested to establish one supervised community residential program for deaf and hard of hearing adults. By January 2001, a Request for Proposal will be developed and advertised.
- By July 2000, funding will be requested to establish one supervised community residential program for deaf and hard of hearing children. By January 2001, a Request for Proposal will be developed and advertised.

## Supporting Documentation

*"I feel the future for my daughter is very dim unless things change radically and immediately."*
**Parent in search for effective mental health treatment for her deaf daughter, 1995**

### A Brief History of Mental Health Services to Deaf and Hard of Hearing Persons

Until 1955 there was not one mental hospital or clinic anywhere in the world to serve mentally ill deaf and hard of hearing persons (Vernon, 1980). A few residential schools had basic psychological testing but no provisions for the treatment of mental illness (Levine, 1963). The result was that deaf and hard of hearing persons were dumped into mental hospitals where they were unable to communicate with staff persons or other patients. This custodial isolation was more convenient for society than for the humane care of the deaf patient (Vernon, 1980).

In the 1960's various research programs developed in New York, Washington, D.C., Chicago, and San Francisco. The psychologists and psychiatrists presented the findings of this research and by 1976, 13 state hospitals were serving deaf and hard of hearing patients (Goulder, 1976). From these beginnings the work spread to England, Sweden, Norway, and Denmark — countries with programs which began to group deaf and hard of hearing patients together and provide them with mental health services (Vernon, 1980).

While mental health programs have sprung up across the nation significant gaps still exist, with professionals in the field indicating that services for deaf and hard of hearing people in most areas are from 10 to 30 years behind those for hearing people. Specialized services such as marital and family therapy, sex therapy and counseling, and substance abuse counseling are generally not available to the deaf or hard of hearing person (Moses, 1990). Development of services is complicated by the low incidence of deaf and hard of hearing persons in most geographic areas. Programs currently in existence seem always to be struggling to find well-trained staff persons. The consumer movement and burgeoning self-help movement in mental health have not yet developed as a national force in the deaf and hard of hearing communities (Moses, 1990). Research indicates that deaf and hard of hearing persons are generally subject to the same level of need as are hearing persons, but deaf and hard of hearing children are more at risk and potentially vulnerable to increased stress. This observation is substantiated by statistics showing that behavioral disorders and other indicators of emotional distress are higher among deaf and hard of hearing children (Moses, 1990).

Trends in mental health services have been influenced by trends in society; this is no less true for deaf and hard of hearing persons than for hearing persons. These include: (1) changing economies; (2) high divorce rate in our country, including the erosion of the family's educational and supportive function; (3) the acceleration in substance abuse; (4) the financing of mental health services; (5) the shift away from hospitals and public agencies to a greater use of private practitioners; and (6) new research into the nature of mental illness and emotional disorders (Moses, 1990).

In 1980 only two percent of deaf and hard of hearing persons needing mental health services were receiving them (Vernon, 1980). The situation remains unchanged 15 years later, in 1995 as in 1980, and in some areas the percentage is even lower than 2%.

### The Population of Deaf and Hard of Hearing Persons Needing Mental Health Services

What is the prevalence of mental illness among deaf and hard of hearing persons? This question is best answered through a process of extrapolation. Statistics for Kentucky as reported in 1991 by the Department for Mental Health and Mental Retardation Services (*Kentucky on the Move: Toward the 21st Century*) indicate:

- 15% of Kentuckians experience some degree of mental illness or emotional problem;
- 3.1 % are considered to have a major mental disorder;
- .75% are considered to be severely mentally ill and in need of a continuous and full range of services;
- .97% are considered to have a disorder due to mental retardation; and
- .5% have a form of mental retardation requiring on-going service.

6

In 1989 the Department of Vocational Rehabilitation estimated the deaf and hard of hearing population of Kentucky to be 371,000. If the above percentages are applied to Kentucky's deaf and hard of hearing population, the following figures emerge:

| | | |
|---|---|---|
| Mental Illness | 55,650 | |
| Major Disorder | 11,501 | |
| Severely Impaired | 2,782 | |
| **Total with Mental Illness** | | **69,933** |
| Mental Retardation | 3,600 | |
| M.R. Needing Ongoing Service | 1,855 | |
| **Total with Mental Retardation** | | **5,455** |
| **GRAND TOTAL** | | **75,388** |

The Advisory Committee for Mental Health Services for Deaf and Hard of Hearing Biennial Report (1995) reports the data found in Table 1. The percentages given are based on the extrapolated numbers as determined in the above analysis.

**TABLE 1. Number of Deaf and Hard of Hearing Served by CMHMRCs* and Percentage of Total Deaf and Hard of Hearing Population Based on Overall Percentages as Identified by KMHMRS**

| Year | 1993 | | 1994 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Mental Health | 674 | .9% | 639 | .9% |
| Mental Retardation | 279 | 5% | 322 | 6% |
| Total | 953 | 1.25% | 961 | 1.27% |

* Community Mental Health/Mental Retardation Centers

These figures can be compared with national figures supplied by the National Institute of Mental Health (NIMH). NIMH estimates that ten percent of the general population experience distress or difficulties severe enough to seek treatment. Two percent are estimated to have major mental disorders, and one percent are seriously disabled by mental disorders. Extrapolating to the deaf and hard of hearing population of Kentucky as estimated by the Department of Vocational Rehabilitation (1989), the figures are:

| | |
|---|---|
| Mental Illness | 37,100 |
| Major Disorder | 7,420 |
| Severely Impaired | 3,710 |
| **Total** | **48,230** |

**TABLE 2. Number of Deaf and Hard of Hearing Served by CMHMRCs* and Percentage of Total Deaf and Hard of Hearing Population Based on Overall Percentages as Identified by NIMH**

| Year | 1993 | | 1994 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Mental Health | 674 | 1.4% | 639 | 1.3% |
| Mental Retardation | 279 | NA | 322 | NA |

* Community Mental Health/Mental Retardation Centers

Regardless of which information base is used, the more conservative NIMH or the Kentucky statistics, the fact remains: In 1993 and 1994, as in 1980, less than 2% of the deaf and hard of hearing population in need of mental health services were receiving them.

### The Deaf and Hard of Hearing Communities

The deaf and hard of hearing communities are comprised of a variety of individuals with hearing losses ranging from mild to profound. For purposes of the discussion on mental health needs of the community the following categories are offered:

(1) *Deaf*: Persons who are unable to hear and/or understand speech, with or without a hearing aid. The deaf community refers generally to people who identify themselves as members of a particular group who share a common language (American Sign Language [ASL]) and a common culture. The deaf population usually depends on visual assistive devices. When deaf is written as "Deaf", the reference is to an individual who functions by choice as a member of the Deaf community, subscribing to the unique cultural norms, values, and traditions of this group. When written as "deaf", the term refers to anyone who has a significant hearing loss regardless of cultural or group identity. Such individuals may be late-deafened persons or those who have not been exposed to the deaf community or culture.

(2) *Hard of hearing*: Individuals who have hearing losses which interfere with but do not preclude auditory and vocal communication. Hard of hearing persons usually use hearing aids or use other assistive (amplification) devices. They may or may not use ASL or a manually-coded sign language.

(3) *Deaf-Blind*: Persons who have both a hearing loss and a visual loss. Depending on the age of onset and severity of the disabilities, persons who are deaf-blind may identify with either the deaf community or the blind community. It is estimated that from five to ten percent of the deaf community has a significant visual loss (Joint Proposal, 1992). .

(4) *Deaf Multi-disabled*: A combination of hearing loss and other disabilities. Examples may include developmental disabilities, physical disabilities, or sensory disabilities other than visual loss.

Historically this population has not had adequate access to a continuum of mental health services. It is the belief of this Task Force Group that all persons in Kentucky have a right to receive appropriate care and treatment for mental illness, regardless of their ability to hear, and that this care and treatment should occur in the least restrictive environment, depending fully on individual treatment needs.

The full range of mental health services are needed by and must be accessible to children, adolescents, and adults with hearing loss who have a mental illness. Special attention must be paid to the additional stressful situations concomitant to hearing loss such as (a) families who have a child with a hearing loss and who are having difficulty adjusting to the child's deafness; (b) hearing children who have deaf or hard of hearing parents; (c) individuals with hearing loss who are experiencing social isolation, vocational adjustment problems, or difficulties with activities of daily living; (d) people who are experiencing difficulty adjusting to hearing loss resulting from aging; and (e) people adjusting to traumatic hearing loss.

> ***"It is critical that deaf kids communicate with counselors who can sign to resolve issues before they blow up..."***
> **Town Hall Participant, 1995**

According to the Joint Proposal (1992), "Children with deafness run a greater risk of suffering serious mental health problems than either children without disabilities or children with other disabilities. This is due both to the etiology of hearing loss, but, especially, to the social experiences associated with hearing loss for young children." The adult who is deaf or hard of hearing is often faced with isolation, the frustration of unemployment, underemployment, cultural differences, and a lack of access to preventive health support systems and to social circles, especially in rural areas.

Other factors place deaf or hard of hearing persons at a higher risk for emotional illness. Ninety percent of persons who are deaf have parents who are hearing; the great majority of these parents lack adequate communication skills necessary for healthy parent-child interaction. A great majority of hard of hearing persons have families that have difficulties adjusting to their hearing loss. In many situations the family is not able to deal with the child or the adult that experiences hearing loss. The usual reactions include denial, overprotection, guilt, shame, and rejection.

### Service Providers and Their Training Needs

Equally as dismal as the lack of facilities is the fact that mental health personnel who work with deaf and hard of hearing persons usually do not have the ability or the knowledge to work intensively with deaf and hard of hearing persons. Skilled professionals more often than not have no knowledge or understanding of the communication and cultural dynamics needed to work with them. Granted, mental health services in general have improved in recent years across the nation, but practitioners still fail to take into account adequately the sociocultural implications of deafness as a different way of communicating, or even living. As Robinson reported in 1979: "The chief handicap of being deaf lies in the negative and devaluative attitudes of hearing professionals toward deaf clienteles . . . . Mental health practice by professionals and administrators . . . continues to be iatrogenic rather than therapeutic . . . . This handicapist attitude stems from a basic ignorance of and lack of training in deafness, and also reflects the frustrations they experience in their failure to master American Sign Language. Rather than looking into themselves, they look at their deaf clientele and pronounce them incapable of abstract reasoning. Information gathered from the few qualified therapists attests to the capacities of deaf patients and the appropriateness and benefits of insight-oriented therapies."

The published literature is replete with statements such as those made by Farrugia in 1988: "The most critical barriers discussed in the literature include the lack of appropriate service programs and the lack of specialists trained in deafness."

Training needs vary, depending on the role of the service providers and their experience with deaf and hard of hearing persons.

*"There is fear and distrust toward hearing people within the deaf community. Deaf clients trust deaf counselors more easily, thus making the whole process of healing easier and 'doable'."*
**Therapist, 1995**

Hearing clinicians who work with deaf and hard of hearing persons will generally need extensive training in cultural issues and American Sign Language, including various modes of signed communication such as Conceptually Accurate Signed English (CASE) or Signing Exact English (SEE). They need a knowledge of the types of hearing loss, the implications of degree of hearing loss and age of onset of hearing loss, and an understanding of family background and composition, as well as educational experiences of deaf and hard of hearing persons. Because diagnostic techniques differ when assessing deaf and hard of hearing persons, the hearing clinician will need training in intake interviewing, psychological testing, and other clinical procedures. The clinician will probably use an interpreter with deaf clients; in those cases, training in how to work with and effectively utilize interpreting services is pertinent. For hard of hearing clients and recently-deafened clients, the clinical worker must have training in specific communication strategies as well as an understanding of the effects of hearing loss on individuals and coping strategies (Joint Proposal, 1992).

Deaf or hard of hearing clinical staff, especially those emerging from currently existing counselor training programs, will generally be familiar with many of the above skills. They may need additional training however, in diagnostic and assessment skills, as well a thorough orientation to the Mental Health/Mental Retardation services delivery system in Kentucky (Joint Proposal, 1992).

Support staff within a clinic or hospital (secretaries, receptionists, etc.) will come in contact with deaf and hard of hearing persons. They must be familiarized with ways to facilitate communication and cross-cultural and linguistic issues. Staff working more regularly with deaf and hard of hearing persons may want to take sign language classes; they definitely must know how to use assistive devices such as TDDs. They also must know how to contact interpreters and provide appropriate information to interpreters (Joint Proposal, 1992).

In Kentucky research has demonstrated that not one single individual providing mental health services to deaf and hard of hearing persons in any state institution is *fluent* in American Sign Language, or any of the coded systems of signed English. This is even true of the psychologist at the Kentucky School for the Deaf. It should be noted that knowledge of some sign language is *not* by any means indicative of fluency. No French individual would want a one-semester student interpreting from French to English or English to French. Sadly and most unfortunately, this is the situation in countless numbers of settings, including those in mental health facilities. Nor is a three-month Orientation to Deafness a substitute for experience that results in a true understanding of the language and culture of deaf and hard of hearing persons.

The need for clinicians to be fluent in the language of the client is reiterated constantly in the literature. This need is no less true for deaf and hard of hearing persons than it is for speakers of foreign languages. A 1979 study in two New York City hospitals reported the effects of interpreters used with Chinese- and Spanish-speaking patients: clinicians using interpreters are confronted with consistent, clinically relevant, interpreter-related distortions that create significant misconceptions about the patient's mental status (Brauer, 1990). Add to that problem the fact that skilled interpreters are not easily located, especially in rural areas. This Task Force Committee cannot emphasize strongly enough that providing interpreters is not the ideal situation in the provision of effective mental health services for deaf and hard of hearing people.

> ***"I think it is important for a Mental Health employee to be fluent in ASL - whether that person is deaf or hearing does not matter. To have a third party involving an interpreter takes away from the counseling process and the relationship between the counselor and the deaf client."***
> **Town Hall Participant, 1995**

Research conducted in the 1980's indicated that deaf clients perceived deaf counselors as demonstrating more empathy and understanding, as being more open, warm, caring, trustworthy, attractive, and genuine, than their hearing counterparts (Brauer, 1990). The advantage of the deaf or hard of hearing therapist has been described by Elliot, et. al., (1987): "Their fluency in manual communication and their intimate knowledge of the deaf culture . . . make them, if trained as professional psychologists, invaluable." Deaf and hard of hearing persons will often identify better with the deaf or hard of hearing clinician. Similarities to "identification" phenomenon in other ethnic groups are apparent (Elliott, et.al., 1987). But in Kentucky, not a single deaf or hard of hearing person is employed to provide any form of mental health services.

The Charter Hospital of Louisville has contracted with the National Mental Health Institute on Deafness, Inc. (NMHID), headquartered in Florida, to provide case management services, limited residential services, and a partial hospitalization program for deaf and hard of hearing adults and adolescents. The program began in the fall of 1994. According to literature provided by the NMHID, staff members in Florida are both hearing and deaf, fluent in American Sign Language and English. Funding sources for treatment include Medicare, private insurance, some state agencies, and private pay. Vocational Rehabilitation is also a resource for this program. NMHID has reported that 22 deaf and hard of hearing clients were served. No formal assessment or evaluation is known to have been conducted by any state or independent agency to determine the effectiveness of this program, nor is any information on cost analysis available.

### Mental Health Service Delivery Systems

The literature describes numerous service delivery systems for different types of programs serving the mental health needs of deaf and hard of hearing persons. At the first national Mental Health/Deaf Services State Coordinator Conference in 1994, the Accessibility Level Models for the delivery of mental health services to deaf and hard of hearing persons were identified. The three models were defined as:

(1) Level I (basic access) Capability. At this level only the most basic of services are provided, including equipment availability (TDD/TTY, telephone amplifier, telecaption decoder, etc.). Specialized services are available on contract and include interpreters and communication specialists. The primary staff (switchboard operators, intake workers, unit staff, and so forth) are responsible to activate support services.

(2) Level II (basic access with signing staff support) Capability. Services at this level include all those in Level I plus the provision of mental health and deaf services professionals on the staff.

(3) Level III Capability. This level includes services of Level I and II plus full communication and cultural access. At this level all staff persons possess intermediate to advanced signing skills and cultural knowledge and sensitivity.

This Task Force recommends the development of Level III Regional programs.

An example of a Level III Program is the St. Peter Regional Treatment Center in St. Peter, Minnesota. The philosophy of the St. Peter Center is based upon the individual needs of each patient. Recognizing that many of the presenting problems are compounded by lack of communication, the staff considers total communication to be of utmost importance. The crucial issue of communication in treatment is that it occurs, not how it occurs. The program consists of three treatment divisions: the Mental Health Division, Forensic Division, and Developmental Disabilities (Mental Retardation) Division. A multidisciplinary treatment team functions as consultants or direct service staff serving approximately 650 patients, of whom 35 (6%) are deaf or hard of hearing.

Specific services provided for deaf and hard of hearing persons at St. Peter include: (1) Assessment Services; (2) Treatment Services; (3) Direct Consultation Services (provided by a psychiatrist and/or psychologist, both of whom are fluent in American Sign Language and trained in the psychiatric/psychological issues related to deafness); (4) Indirect Consultation Services such as Staff Development; and (5) Support Services, including Interpreter Services.

Both inpatient and outpatient services are offered, including: holistic assessment, psychological and psychiatric services, social services, medical treatment, individual and group therapy, adult basic education, vocational services, recreation and leisure therapy, communication skills training, and aftercare follow-up.

All of Kentucky's services remain at Level I Capability. No regional or state programs in either mental health or mental retardation even approach Level II capability.

**Needed Services**

Deaf and hard of hearing persons present a complex variety of needs which cannot be met by single-treatment modality. The population of deaf and hard of hearing persons is not homogeneous, and its constituency utilize the spectrum of services, including individual, group, family, inpatient, outpatient, and group home treatments. The range is as large as that provided by the Department of Mental Health and Mental Retardation Services. As has been mentioned, Kentucky does not have any state supported services at present which are currently linguistically and culturally accessible. The specific needs are critical, and include:

(1) A continuum of residential options.

Two facilities operated by the Commonwealth are known to have deaf and hard of hearing residents. These are Oakwood in Somerset and Hazelwood in Louisville, both of which serve persons with developmental disabilities. Neither provides any kind of comprehensive services for deaf and hard of hearing persons. Both have one or two individuals who can sign and sometimes interpret for the deaf clients. However, as previously discussed, simply providing clients with interpreters is not an appropriate solution to the needs of deaf and hard of hearing persons.

Further, due to the lack of appropriate follow up in group homes or similar facilities, deaf and hard of hearing persons are locked into permanent residency status. A critical need exists for a variety of non-hospital based options, including supported apartments, community residential programs, and group homes. Without this continuum, the mental health system finds itself obligated to provide more expensive alternatives which do not provide the client with the means to achieve independence.

(2) Innovative approaches for dealing with multi-disabled deaf and hard of hearing persons. This includes persons who may be experiencing progressive blindness (Usher's Syndrome).

(3) Alternative residential placement for emotionally-disturbed deaf and hard of hearing children and adolescents.

> ***"To break the label in the deaf community that going for mental health does not mean you are crazy ... it just means you are going to work on yourself. Perhaps we need to start with our young kids at KSD so that they know what mental health really is...start working with kids so that they do not wait until they are adults before they seek help."***
>
> **Professional Service Provider, 1995 Town Hall Meeting**

(4) Provisions for elderly patients who are deaf or hard of hearing.
(5) Substance abuse prevention and treatment alternatives. This is discussed in depth in the separate report on Substance Abuse.
(6) Advocacy.

**Regional Services — A Move from Institutionalization to Community-Based Programs**

In an era of cost-cutting and budget consciousness, the concept of regional mental health centers has great appeal. Such regional centers for deaf and hard of hearing persons have already been developed in several states.

Kentucky's neighboring state, Indiana, has the Deaf and Hard of Hearing Mental Health Cooperative, funded by a grant from the Office of Rural Health Policy of the U. S. Department of Health and Human Services. The Cooperative is made up of four community mental health centers and one state hospital serving a 14-county area. The goals of the Cooperative are to develop a model of a bilingual and bicultural approach, making mental health services available from such agencies as welfare departments, vocational rehabilitation, and school programs. A full range of accessible services include inpatient hospitalization, residential outpatient counseling, case management, and crisis intervention services. A two-tiered community education program is geared for (1) non-deaf or hard of hearing persons to explain the special needs of deaf and hard of hearing persons in terms of their language and culture, and (2) for deaf and hard of hearing persons to explain the mental health delivery system. The grant provides for three full-time staff persons, all of whom are fluent in American Sign Language: a coordinator, a case manager, and an interpreter.

*"Mental Health is also one area that has been ignored...Right here in Danville, we have been trying to set up a program, but it is so difficult because there are so few counselors who can sign."*
**Town Hall Participant, 1995**

Not all regional programs can afford inpatient treatment however. Thirty-five years after the first program was begun in New York in 1955, a minority of states had inpatient treatment facilities sensitive to the needs of the deaf community (Steinberg, 1991). Again the struggle is with the issues of communication competence among the staff, cultural sensitivity, and community responsiveness, as well as the political and economic forces that affect the provision of services. Steinberg (1991) reports a dearth of inpatient treatment program services for children and adolescents. In these cases, families must choose either to send their children to a distant specialized treatment facility intended for adults or to hospitalize them in a local but linguistically and culturally inaccessible environment.

In 1980 Vernon suggested that deaf patients have been ignored by community mental health centers due to their decentralization and inability to provide skilled clinicians to work with deaf and hard of hearing persons. He noted however, improvement in 14 states in which the deaf community has been viewed as a catchment area unto itself. "The relative benefit of integrated and separate service delivery models remains a source of continued controversy, the effective implementation of either model requires political support, community advocacy, and adequate funding."

**A Statewide Mental Health Program**

Because the needs are usually greater than the available resources, needs assessment and statewide planning are an absolute necessity. The purpose of this process is to obtain and communicate a clear picture of the consumers in need of services and the identification of available services that are appropriate and accessible. The key steps in this process were identified by Graham (1994): (1) Evaluate current conditions; (2) Evaluate gaps; (3) Prioritize importance of proposed services; (4) Give direction to state departments of mental health; (5) Assist community providers in program development; and (6) Generate funding for proposed projects. The first four of these steps have been conducted by this Task Force Study. Recommendations for implementation of proposed strategies have also been made. This section would not be complete without mention of events occurring from 1992 through 1994 in North Carolina. In May 1992, the North Carolina Association of the Deaf (NCAD), assisted by the Office of Civil Rights (OCR), filed a complaint against the Director of the Mental Health, Developmentally Disabled, and Substance Abuse Services on behalf of thirteen deaf and hard of hearing mentally ill persons. The findings of the NCAD and OCR were that (1) the lack of therapy and assessment on an outpatient basis is a source of needless and/or prolonged hospitalization; (2) the lack of effective two-way communication prevents or jeopardizes adequate diagnosis and successful treatment; (3) the lack of knowledge of American Sign Language (ASL) and deaf culture by staff persons result in a milieu of extreme isolation rather than being therapeutic; (4) the placement of patients in rest homes rather than community residential services results in even more isolation; (5) the absence of emergency and crisis stability response are significant components of the continuum of care not available to deaf and hard of hearing persons; (6) the lack of trained interpreters result in inappropriate and harmful handling of the most crucial situations; and (7) specialized equipment (TDDs, assistive listening devices, visual alert devices, visual fire alarms, and television decoders) were not made available to deaf and hard of hearing persons.

At the same time these complaints were filed, the Joint Proposal for Mental Health Program for the Deaf and Hard of Hearing, developed by the Division of Services for the Deaf and Hard of Hearing and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, was released in April 1992. The result was a settlement made in December 1992, whereby the Department of Human Resources agreed to the long range plan specified in the Joint Plan and agreed to begin implementation of the first phase in 1994.

In 1988 the South Carolina Association of the Deaf, with the assistance of the Protection and Advocacy for Mentally Ill Individuals (PAMII), filed two lawsuits on behalf of deaf persons who were not receiving a minimally adequate level of mental health services. The outcome of this procedure was that the South Carolina Department of Mental Health began providing comprehensive services for deaf and hard of hearing persons who are mentally ill. These include: (1) a statewide services office; (2) inpatient services at a state hospital in a separate unit especially for deaf and hard of hearing persons; (3) community mental health services at nine different locations in South Carolina; and (4) a ten-bed group home for housing adults. Vital parts of the programs incorporate services for adolescents and children, an 800 emergency TTY hotline, and cooperative services with other programs in South Carolina.

*"At the conclusion of her stay, two psychiatrists and the psychologist diagnosed her as spoiled, manipulative, obsessive-repetitive, and mildly depressed. When I asked about interpreters, I was informed by one of the psychiatrists that 'the child had to learn to live in a hearing world'. The doctors said if she could have a cochlear implant and could hear, all of her problems would disappear. Their recommendations were that since there were no psychiatrists and psychologists that knew sign language in Jefferson County, 1) she could be put on medication, and 2) she could work with the counselor at the Family and Children's Agency. At this point, we realized there was no doctor to write prescriptions. Therefore, a child psychiatrist wrote her prescriptions, but she is not seen by him for any treatment."*
**Parent of a deaf daughter, 1995**

### Kentucky's History of Services to Deaf and Hard of Hearing Persons Who Are Mentally Ill

As early as the summer of 1975 attempts were made in Kentucky to address the need for an effective system of mental health services for deaf and hard of hearing individuals. Documentation from 1980 to the present indicates a substantial number of requests for mental health services from consumers, parents, jails, Vocational Rehabilitation field staff, the Kentucky School for the Deaf (KSD), and state agency representatives for mental health services for persons who are deaf or hard of hearing. In 1992 the Task Force for Mental Health Services to the Deaf and Hearing Impaired outlined areas where mental health services are not accessible to persons who are deaf because of the overwhelming communication barriers that exist between deaf and non-deaf persons. The Mental Health Task Force recommended the following:

(1) State legislation to bring Kentucky into compliance with federal laws and to clarify the intent of the Commonwealth to provide services to all Kentuckians regardless of their disability. The proposed legislation specified how to address accommodations and services including appropriate mental health assessments, provision of interpreters, education and training, and assistive devices. To further assure that appropriate services are provided and that accurate diagnoses are made, appropriate psychological and psychiatric assessment should be provided by professionals who are knowledgeable about deafness. At least one inpatient mental health treatment unit for adults, and one for children who experience mental illness, should be established. These units should have trained staff and accessible programming.

(2) In order to maintain accessible delivery of services, the hiring and training of an ombudsman to monitor and investigate concerns and complaints regarding the delivery of mental health services to consumers. In addition, a toll free Telecommunication Device for the Deaf (TDD) Crisis Line should also be established that is available statewide, 24 hours a day and is staffed by persons trained in deafness and American Sign Language.

(3) Establishment of an Advisory Board for Mental Health. An Advisory Board to the Department for Mental Health and Mental Retardation Services was to be established to address issues relating to accessibility of mental health services for persons who are deaf or hard of hearing. The board composition was to consist of 16 representatives from various provider and consumer groups; at least half of the members were to be deaf or hard of hearing.

(4) Accessibility to Existing Mental Health Services. A statewide mental health plan was to be developed to assure that the services were accessible. Each CMHMRC would develop a plan approved by DMH/MRS via the Advisory Board to assure that services were accessible statewide.

(5) A Coordinator for Services to Deaf and Hard of Hearing Persons. A Deaf Services Coordinator was recommended and hired to be responsible for outreach and information, and referral activities on mental health issues. The Coordinator also provided technical assistance in making mental health services accessible on a routine and emergency basis. Additional duties included in-service training and consultation to all mental health, mental retardation, developmental disability, and substance abuse service providers regarding communication, unique social, emotional, and educational needs of deaf and hard of hearing individuals.

(6) Negotiation and Collaboration Among Agencies. Inter-cabinet and interdepartmental agreements needed to be developed. These agreements would define the working relationships, contact persons, and collaborative efforts among the various agencies and the DMHMRS with the KCDHH to monitor data collection and analysis relating to agency services and/or contacts from consumers.

(7) Education. Qualified mental health personnel were needed to ensure effective treatment. Fluency in American Sign Language and an understanding of deaf culture, in addition to the needs of hard of hearing and recently deafened individuals, were prerequisites to any therapeutic relationship if a participant/helper experience any kind of hearing loss. Minimum Education/Training requirements are outlined for each position for those who work with deaf and hard of hearing individuals in Mental Health services on a 24-hour basis including minimum qualifications and requirements in order to make services accessible to the deaf and hard of hearing population.

***"The importance of interagency cooperation and coordination is vital for programs serving deaf and hard of hearing persons, since the problems and concerns are so numerous and because agency responsibilities overlap."***
**Gerber, 1978**

Of the above recommendations, two have been met: the establishment of an Advisory Board for Mental Health and the employment of a coordinator for deaf and hard of hearing services.

In July 1995, the Advisory Committee for Mental Health Services for Deaf and Hard of Hearing Persons released its Biennial report. The report included the findings of the Interpreter Survey as well as information on service to deaf and hard of hearing persons, placement of TDDs in community mental health and mental retardation centers, TDD training, and Deaf Awareness training.

The Department for Mental Health Mental Retardation paid $39,174 in FY 92-93, $30,000 in FY 93-94, and $42,000 in FY 94-95, most of which was for interpreter services; some funds were spent in distributing specialized telephone equipment for CMHMRC facilities to be able to communicate with the deaf and hard of hearing population.

### Interagency Coordination

The importance of interagency cooperation and coordination is vital for programs serving deaf and hard of hearing persons, since the problems and concerns are so numerous and because agency responsibilities overlap (Gerber, 1978). In the 1980's this process was called "networking" and was advocated by community leaders such as Critchfield (1986) and Knisley (1989). Gerber noted that interagency collaboration and coordination helps to prevent individuals from "falling through the cracks" of the service-delivery system, for example, when they have multiple disabilities or multiple problems. The rewards of this interagency collaboration in Massachusetts have been the development of early intervention projects, training programs, and a central register of deaf and hard of hearing persons, along with an increased awareness of the service delivery system about the needs of this same group (Gerber, 1978). It is Gerber's contention, as well as that of the Task Force Members, that continued responsiveness to the needs of deaf and hard of hearing persons will follow as long as communication and cooperation continue among agencies.

### A Statewide Mental Health Plan: Collaboration Among Agencies

Kentucky desperately needs a comprehensive Statewide Mental Health Plan. It is the recommendation of this Task Force that such a plan be developed by the Cabinet for Human Resources, the Advisory Committee for Mental Health Services for Deaf and Hard of Hearing persons, the Department for Mental Health and Mental Retardation Services, and the Kentucky Commission on the Deaf and Hard of Hearing. Interagency collaboration will include, but not be limited to, the Department of Vocational Rehabilitation, the Department of Education, and the Administrative Office of the Courts.

### Summary of Recommendations

On the basis of this literature and research analysis, as well as reports of the Task Force Work Groups and Town Hall Meetings, the Task Force recommends the development of a comprehensive array of services for deaf and hard of hearing persons, beginning with interagency agreements which will create the Mental Health /Deaf and Hard of Hearing Services and Support Unit, staffed by qualified personnel, preferably deaf and hard of hearing individuals. Services will be implemented in three phases:

### PHASE I

By July 1996, CHR, KCDHH, and the Advisory Committee on Mental Health Services to Deaf and Hard of Hearing Persons will develop a formal working relationship to address the mental health needs of the deaf and hard of hearing by adopting a statewide strategic and long range plan to establish case-management, outreach, program design, evaluation, service delivery support, technical assistance, and funding for a program to include identification of existing personnel and services with a plan to provide specialized inpatient and outpatient services and interpreter services.

Request funding and two additional personnel so that by July 1996, a Mental Health/Deaf and Hard of Hearing (MH/DHH) Services and Support Unit within an existing branch in the Department for Mental Health and Mental Retardation Services will be in place.

Request funding in the FY 96-98 biennial budget for stipends for mental health professionals to receive training to become fluent in American Sign Language and for qualified interpreters, deaf and hard of hearing individuals, or fluent signers in ASL to receive training to become mental health professionals.

Request funding in the FY 96-98 biennial budget to establish a model regional mental health program for deaf and hard of hearing persons through the Bluegrass Community MH/MR Center in Danville.

By January 1997, if funded, the model program will commence with three counselors; one outpatient services mental health counselor specializing in children's services; one outpatient mental health counselor for adults, and one outpatient therapist to be available to provide services to the deaf and hard of hearing in one inpatient facility. The team, in addition to providing direct services, will study the viability of, and work toward establishing a plan for a specialized inpatient treatment unit.

**PHASE II**

By March 1998, the MH/DHH service and support unit, along with the KCDHH and the Advisory Committee on Mental Health Services for the Deaf and Hard of Hearing will complete a statewide plan for developing an array of residential programs for adults and children who are deaf and hard of hearing.

By July 1998, DMH/MRS will request funding for, and establish by January 1999, two additional regional mental health programs to provide services for deaf and hard of hearing individuals.

By July 1999, new funding will support the establishment of a clinical services inpatient treatment unit for the deaf and hard of hearing. Requests for proposals to develop the unit will be advertised.

**PHASE III**

By July 2000, funding will be requested to establish one supervised community residential program for deaf and hard of hearing adults. By January 2001, a Request for Proposal will be developed and advertised.

By July 2000, funding will be requested to establish one supervised community residential program for deaf and hard of hearing children. By January 2001, a Request for Proposal will be developed and advertised.

> *"We need a group home for deaf kids with behavior problems."*
> **Town Hall Participant, 1995**

## Critical Need

- Effective and appropriate assessment to determine the level of accessibility and appropriate treatment for deaf and hard of hearing individuals.
- Regionalized outpatient services specifically designed for deaf and hard of hearing alcoholics/addicts
- An array of treatment options for deaf and hard of hearing alcoholics/addicts
- An effective referral system to be addressed in the Statewide Mental Health Plan

*"To participate is to live; spectators only exist."*
**Dick Bass, 1994**

## Action Needed

- To conduct needs assessment on all CompCare facilities to determine the level of accessibility and appropriate treatment options available for deaf and hard of hearing alcoholics/addicts.
- To establish specialized outpatient services specifically for deaf and hard of hearing alcoholics/addicts at a regional program.
- To develop a referral system incorporating flexibility in treatment options (in-state or out-of-state placements for deaf and hard of hearing alcoholics/addicts.

## Possible Implementing Agencies

Cabinet for Human Resources
  Department for Mental Health and Mental Retardation
    Division of Substance Abuse
    Advisory Committee for Mental Health Services for Deaf and Hard of Hearing Persons

Kentucky Commission on the Deaf and Hard of Hearing (KCDHH)
  KCDHH Mental Health Committee

## Estimated Cost Analysis

**(Subject to Review and Modification)**

**FY 96-97**
General..........................................$200,000

**FY 97-98**
General..........................................$210,000
**(Detox and residential chemical dependency treatment)**

## Potential Funding

General Assembly

Developmental Disabilities Planning Council

## Results/Impact

- Deaf and hard of hearing alcoholics/addicts, especially those with DUI charges, will be held more accountable for their behavior.
- Deaf and hard of hearing individuals, including family members, will experience less of the merry-go-round treatment through appropriate assessment and an effective referral system.
- The quality of life will improve for deaf and hard of hearing alcoholics/addicts and their family members.

BEST COPY AVAILABLE

# STRATEGIC PLANNING

## Adult Services — Substance Abuse Services

### Strategic Action

- By July 1996, the Department for Mental Health and Mental Retardation will collaborate with their Advisory Committee for Mental Health Services for Deaf and Hard of Hearing Persons and will conduct a needs assessment of all CompCare facilities to determine which facility is a Level I, Level II or Level III in their ability to provide services along a continuum of treatment care and options. The final assessment report will present a plan to establish an effective referral system.
- By January 1997, the MHMR Advisory Committee and KCDHH Mental Health Committee shall develop a statewide Mental Health Plan to address the needs of deaf and hard of hearing alcoholics/addicts. The plan shall include facilities to which deaf and hard of hearing alcoholics/addicts may be referred based on individual needs assessments. The plan shall also include procedures on how to determine either in-state or out-of-state placement for inpatient services for those deaf and hard of hearing alcoholics/addicts in need of such.
- By July 1997, if funded, the Department will establish a detoxification and residential chemical dependency treatment service in Central Kentucky for adolescents and adults who are deaf or hard of hearing.
- By July 1997, specialized outpatient services on a regional level will be implemented at selected CompCare facilities, identified in the needs assessment.
- By January 1998, an effective referral system (in-state or out-of-state placement) will be in place administered by the Department for Mental Health Services, or its contract agent, including substance abuse services for deaf and hard of hearing individuals.

> ***"When my roommate, who is deaf and had five years sobriety, was still fighting for interpreting services and communication access, I felt for her. I find it appalling that we deaf people all over the country are constantly struggling to become a part of the world that depends on aural stimulation and gratification, but we are impeded and being set back."***
>
> **Jacqueline S. Roth, M.A., Chairperson National Conference on Substance Abuse and Recovery: Empowerment of Deaf Persons**

### Supporting Documentation

Statistics reported in *Kentucky on the Move: Toward the 21st Century* (1991) indicate that in Kentucky 214,000 adults and 21,200 children, or 6.8% of Kentucky's total population, are estimated to be in need of services. Of those, 18,343 (7.78%), were served in 1990. The total percentage of 6.8% is significantly less than the estimated range of 12.5% to 35% of deaf and hard of hearing persons who misuse, abuse, or are addicted to substances (Thomas, 1990; Cherry, 1988).

Substance abuse includes both alcohol and other drug abuse. Individuals who use these mood altering chemicals experience harmful disruptions in social, educational, physical, and/or legal areas of their lives. Chemical dependency develops when there is a pathological dependency upon chemical(s) and a loss of control in regulating their use. Chemical dependency is a primary, chronic, progressive and relapsing illness which is often fatal when left untreated.

The most obvious reason for the high rates of substance abuse among deaf and hard of hearing persons is due to the fact that traditional substance abuse programs have not been accessible. There is little substance abuse prevention work being done in the deaf and hard of hearing community. There are no substance abuse prevention programs for deaf and hard of hearing children as there are for hearing children. "Just say No" is not a concept commonly introduced to deaf and hard of hearing children by their parents or by deaf community leaders.

Within the deaf and hard of hearing community, fear and ignorance result in substance abusers being undiagnosed, untreated, and uncounted. If the 12.5% to 35% figures are used, Kentucky has anywhere from 50,000 to 130,000 untreated deaf and hard of hearing persons who abuse alcohol and chemical substances. In 1994, a total of $20,000 was allocated by the Department of Mental Health/Mental Retardation Services for deaf and hard of hearing persons, with funds designated for interpreters, training, and equipment. Taking the more conservative estimate of 50,000 substance abusers, this amounts to $0.40 per deaf and hard of hearing person.

As Thomas wrote in 1990, "alcohol/drug agencies have been overlooking their responsibilities by either not getting together to find solutions or being ignorant to the plight" of deaf and hard of hearing persons affected with alcohol or drug problems. These problems have traditionally remained hidden; sensitive to its image, the deaf and hard of hearing community does not welcome a double stigma" (Thomas, 1990). Furthermore, the deaf community is insular. Deaf individuals rely on those within their closed community for information and structure in all aspects of their lives. Misinformation about drugs and alcohol is passed through "the deaf grapevine." Understanding the nature of this phenomenon requires an understanding that deaf culture has a unique set of beliefs, rites, and customs, with the deaf "grapevine" being the only information source completely trusted by deaf and hard of hearing persons. Considered to be one of the most sophisticated informal network systems in the world (Scoggins, 1990), the deaf "grapevine" is a conduit by which information, sometimes accurate, sometimes incorrect, is viewed as "authentic," by virtue of having been generated and received by deaf persons. Scoggins (1990) summarizes the problem succinctly: "The deaf community actively victimizes itself by not taking into consideration manipulations of the message, resulting in misinterpretations or erroneous facts . . . consequently, deaf people lack accurate information concerning most aspects of social adjustment, including alcohol and substance abuse." Alcoholism and drug use is one of the most controversial issues within the deaf community, so sensitive that most community members avoid talking about it. For years they have denied the problem of pathological drinking within the community in order to protect a public image (Thomas, 1990).

*"We don't have any deaf people come for AA... they are not coming for services because there are no qualified people there."*
**Deaf Consumer, Town Hall Meeting**

Having to ask for help, dealing with the system, and battling addiction problems simultaneously can be overwhelming and self-defeating. Numerous other possible factors relating to the high incidence of alcohol and drug abuse among deaf and hard of hearing people are:

- low self-esteem
- parental lack of responsibility (e.g., abdicating responsibility for alcohol/drug education to the school system)
- impact of educational system and services
  - (a) destructive peer pressure
  - (b) lack of social skills
  - (c) environment at home and school
  - (d) lack of nurturing
  - (e) self-identification issues
  - (f) cultural and minority membership
- low literacy achievement standards
- high number of deaf and hard of hearing children born to hearing parents (approximately 90% of deaf and hard of hearing children have hearing parents)
- lack of deaf and hard of hearing role models
- protectionism (paternalistic attitudes)
- massive denial ("the deaf community doesn't have any of those problems")
- moralistic attitudes
- counter-incentives (no consequences because the court system does not know how to deal with deaf and hard of hearing substance abusers or because funding for treatment is not available)
- activities in deaf organizations which foster drinking (alcohol sales support sports teams)
- peer pressure and rebellion of deaf and hard of hearing adolescents
- expensive treatment
- lack of top level support
- inaccessible treatment programs, films, materials, mass media
- lack of personnel trained in deafness-related issues and American Sign Language
- lack of funds for programs/materials especially designed for deaf and hard of hearing persons

As a result of these complex and varied situations, the deaf community is generally deprived of the normal levels of support and access to information that is available in the community at large. With so few sources of accurate information available to the deaf population, the result is extreme isolation, societal biases, negative stigmas, and discrimination. Scoggins (1990) concludes that the resulting conditions of lower socioeconomic status and poor self-esteem are two of the leading causes for the spiraling rise in substance and alcohol abuse among members of the deaf and hard of hearing community.

If deaf and hard of hearing addicts do overcome the stigma of the community and enter treatment centers, they face barriers of another kind. Advocates/counselors are ignorant of the psychosocial aspects of deafness and cannot communicate in American Sign Language. Substance abuse treatment centers are reluctant to get involved in an effective outreach effort that would liberate deaf alcoholics and substance abusers from a provincial world of ignorance, fear, and superstition (Thomas, 1990).

> ***"..the deaf community is generally deprived of the normal levels of support and access to information that is available in the community at large."***
> **Scoggins (1990)**

Given the alarming statistics of substance abusers and the cultural influences, the need is significant for persons within the culture to be involved in any prevention, treatment, and follow-up programs. Educated deaf and hard of hearing role models and recovering deaf and hard of hearing peer counselors are desperately needed to penetrate the deaf community for the purpose of subtly offering help and guidance to chemical abusers (Scoggins, 1990).

There is substantial debate in the deaf community over the issue of mainstreaming, whether in education or social services. This same debate has risen with other minority groups (African American and Hispanic persons) seeking to clearly define identity. This debate takes on more than mere academic value in the treatment of deaf and hard of hearing persons. Regardless of whether programs are freestanding or mainstreamed, the fact remains that staff persons who work with deaf and hard of hearing alcoholics/addicts must have familiarity with deaf culture and American Sign Language in order to generate successful treatment and intervention programs.

The literature describes numerous service delivery systems for different types of programs serving the mental health needs of deaf and hard of hearing persons. At the first national Mental Health/Deaf Services State Coordinators Conference in 1994, the Accessibility Level Models for the delivery of mental health services to deaf and hard of hearing persons were identified. The three models were defined as:

(1) Level I (basic access) Capability. At this level, only the most basic of services are provided, including equipment availability (TDD/TTY, telephone amplifier, telecaption decoder). Specialized services are available on contract and include interpreters and communication specialists. The primary staff, switchboard operators, intake workers, unit staff, and so forth, are responsible to activate support services.

(2) Level II (basic access with signing staff support) Capability. Services at this level include all those in Level I plus the provision of mental health and deaf services professionals on the staff.

(3) Level III Capability includes services of Level I and II plus full communication and cultural access. At this level, all staff persons possess intermediate to advanced signing skills and cultural knowledge and sensitivity.

The Task Force Members recommend the development of Level III Regional programs.

## SPECIFIC RECOMMENDATIONS IN PREVENTION/INTERVENTION/TREATMENT

The two major components in the field of substance abuse programs and services are

(1) Prevention/Intervention, and

(2) Intervention/Treatment.

The Task Force recommendations for each component are:

- **I. Prevention/Intervention**
  - A. Community Education
    - (1) Information Sharing
    - (2) Development of materials specifically for deaf and hard of hearing individuals
    - (3) Networking with existing alcohol and drug organizations to increase awareness of alcohol and drug problems in the deaf and hard of hearing community
    - (4) Advocacy
- **II. Intervention/Treatment**
  - **A. Outreach Activities**, which include representatives from different agencies: Kentucky School for the Deaf, Community Services for the Deaf, Kentucky Association of the Deaf, alcohol and drug abuse agencies, Vocational Rehabilitation, Administrative Office of the Courts, Alcoholics Anonymous, Health Agencies. Outreach activities have the following purposes: Coordination of efforts, unified approach, ease of communication, networking, pooling of information and resources, linkages between private and public, state, federal and private agencies and universities; establishment of policies and guidelines. More specifically, they will:
    - (1) Identify and locate deaf and hard of hearing alcoholics and drug abusers, their families, and the adult children of alcoholics
    - (2) Educate the deaf and hard of hearing community
    - (3) Use "peer helpers" and others (deaf leaders, clergy, volunteers, AA)
    - (4) Assist in referrals to appropriate programs with cultural sensitivity to the needs of deaf and hard of hearing alcoholics/addicts
    - (5) Network and secure contractual agreements with other states to offer inpatient programs and services not existing in Kentucky for deaf and hard of hearing alcoholics/addicts
  - **B. Counseling**
    - (1) Provide qualified counselors with cultural sensitivity and fluency in American Sign Language to do family intervention
    - (2) Coordinate aftercare programs
    - (3) Conduct one-to-one and group counseling sessions
  - **C. Treatment**
    - (1) The Mental Health Advisory Board shall evaluate local and regional programs to match treatment to each deaf and hard of hearing individual by determining how effective each CompCare facility is in terms of needs. Determine referral system (in-state and out-of-state) to be used. Work cooperatively at a regional level to establish a regional program.
    - (2) The availability of interpreters must be the primary consideration in determining what kind of treatment should be implemented. When feasible and appropriate, send individuals to inpatient programs designed for deaf and hard of hearing alcoholics/addicts. (All are currently out-of-state programs; referrals for those specialized treatment programs must be considered as a viable option.)
    - (3) Work with CompCare facilities to modify existing programs such as shorter lecture times, less group activity, more explanation, rewording of information. Contract out services to utilize a counselor who is fluent in American Sign Language or transport the participant to a known AA meeting that may be accessible to deaf and hard of hearing individuals.
  - **D. Aftercare**
    - (1) An aftercare program is equally as important as the treatment itself for deaf and hard of hearing individuals. A two-year aftercare program is a must for deaf and hard of hearing alcoholics/addicts who will return to former communities or new communities with minimal or no support system.

> ***"Misinformation about drugs and alcohol is passed through "the deaf grapevine." Understanding the nature of this phenomenon requires an understanding that deaf culture has a unique set of beliefs, rites, and customs, with the deaf "grapevine" being the only information source completely trusted by deaf and hard of hearing persons."***
> **Task Force Report on Services to Persons who are Deaf or Hard of Hearing, 1995**

(2) An outpatient program on a regional level designed for deaf and hard of hearing addicts must be considered as a treatment requirement to deal with aftercare issues.

(3) Group homes may be needed for those who need halfway houses, specifically designed for deaf and hard of hearing alcoholics/addicts.

Whitehouse (1990) identified ways in which substance abuse programs can be developed at the local level. The Task Force recommends that these ideas as well as others identified by deaf and hard of hearing Kentuckians at Town Hall Meetings be incorporated into plans for substance abuse programs in Kentucky:

1. Advocate for primary care for deaf substance abusers on a state level.
2. Educate professionals and service agencies serving deaf and hard of hearing people about the need for intervention with substance abusing clients.
3. Lobby for new treatment programs to have deaf people on staff and to have deaf input regarding programming. Deaf and hard of hearing persons must feel empowered to effect substantial change in systems that affect their quality of life. Having input into planning new programs and advocating for the hiring of deaf staff is a profound example of this.
4. Establish training programs for addiction counselors who are deaf.
5. Establish training programs for interpreters.
6. Develop support in the deaf community for recovering deaf substance abusers such as a drug-free clubhouse.
7. Establish a mentorship living situation with a healthy deaf family (Whitehouse, 1990).

> ***"alcohol/drug agencies have been overlooking their responsibilities by either not getting together to find solutions or being ignorant to the plight" of deaf and hard of hearing persons affected with alcohol or drug problems."***
> **Thomas (1990)**

# STRATEGIC PLANNING

## Adult Services — Information Technology Services

> ***"Kentucky's competitive edge for the future is telecommunications. How well we utilize and further develop telecommunications as an industry, a resource and a tool, will both chart the course and in large part determine the success of economic development in our state.***
>
> ***No single sector of our industrial and business community offer greater opportunity for growth and potential impact for the future than telecommunications. Whether advancing education reform, improving productivity, bolstering global competitiveness or bringing new jobs to rural communities, telecommunications will be a key determinant."***
>
> **Brereton C. Jones,**
> **Governor**
> **Commonwealth of Kentucky**
> **November, 1991**

### Critical Need

A critical need exists for:

- Full access to information superhighway infrastructure
- Emergency services, including weather warnings and evacuation systems
- Captioning of all television programming generated by KET and state agencies, as well as the Star Channels (KET's interactive classroom)
- Full access to information technology for all deaf, hard of hearing, and disabled citizens of the Commonwealth.

### Action Needed

- By January 1998, enact legislation that will ensure the accessibility of the information superhighway, especially the Commonwealth Integrated Network System.
- By July 1998, ensure full accessibility of the emergency weather warning and emergency evacuation systems.
- By July 1997, implement captioning of all KETgenerated programming (educational and governmental television) in the Commonwealth.

### Possible Implementing Agencies

Department of Information Systems, Finance and Administration Cabinet
Kentucky Educational Technology Section, Kentucky Department of Education
Kentucky Educational Television
Kentucky Information Resources Management
KATS Network, Workforce Development Cabinet
Division of Disaster and Emergency Services

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| FY 96-97 | |
| KET (Captioning Services) | $130,000 |
| FY 97-98 | |
| KET (Captioning Services) | $130,000 |
| **TOTAL** | **$260,000** |

### Potential Funding

Currently Existing Funds $0

**Potential Sources:**

General Assembly
Kentucky Educational Technology Section, Kentucky Department of Education
Kentucky Educational Television
Division of Disaster and Emergency Services
Private and Public Grants

### Results/Impact

- Universal Access legislation will ensure that the information superhighway, including the Commonwealth Integrated Network, is accessible to deaf and hard of hearing individuals.
- Emergency Weather Warning and the emergency evacuation system at long last will be accessible, thus affording deaf and hard of hearing individuals the same measure of warning hearing citizens receive anytime there is a tornado or similar emergency.
- Captioning needs will be met, ensuring access to televised educational and governmental programming for deaf and hard of hearing individuals.

## Strategic Action

*"...we need access to the Information Superhighway. And, I'm concerned about the proliferation of CD-ROMs because they are not captioned. They MUST be captioned."*
**Deaf Consumer**
**Town Hall Meeting, 1995**

- By January 1998, the Legislative Action Coalition (LAC), in conjunction with the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH), and assisted by Kentucky Information Resources Management (KIRM), shall propose legislation ensuring universal access to the information superhighway as outlined by the National Information Infrastructure Advisory Council.
- In the area of Emergency Services and Weather Warning Systems, the following actions, implemented by July 1998, shall apply:
  (1) The Division of Disaster and Emergency Services shall ensure that Kentucky is in full compliance with the new and improved Emergency Alert System mandated by the Federal Communications Commission (FCC). This will replace the current Emergency Broadcast System effective July 1, 1996. All broadcasters and cable operators are required to participate; satellite and other public service providers will be voluntary pending resolution of a Further Notice of Proposed Rulemaking.
  (2) The Division of Disaster and Emergency Services shall work with KET and the Kentucky Broadcasters' Association to plan for and fully implement the TOBI system to ensure deaf and hard of hearing citizens' access to the Emergency Weather Warning System.
  (3) The Division of Disaster and Emergency Services shall promulgate administrative regulations ensuring that their emergency evacuation plans incorporate procedures appropriate for deaf and hard of hearing individuals.
- By July 1997, the General Assembly shall fully fund captioning for all televised governmental proceedings of the Commonwealth and the captioning needs of Kentucky Educational Television (KET), which include the following:
  (1) Hiring of sufficient real-time captioning staff to support full captioning service.
  (2) Develop policies and procedures for the captioning of teleconferencing presentations and live, interactive courses and seminars offered by the KET Star Channels satellite system.
  (3) Added operational funds to purchase, maintain, and upgrade captioning equipment.
  (4) Captioning of KET's previously produced but not captioned series and videotapes.
- Support the Tech Advisory Council's two pronged approach to ensure full access to assistive technology: (1) the establishment of an Assistive Technology Fund for State Government, and (2) the establishment of an Assistive Technology Loan Authority which would provide low interest loans to persons with disabilities who need assistive technology.
- Explore the feasibility of establishing a program that would provide necessary accommodations for deaf and hard of hearing citizens to access information technology. Funding for this program should be sought from nongovernmental sources. Fees for consumers should be set on a sliding scale with a maximum payment of $100. If feasible, such a program should be established by July 1999.

## Supporting Documentation

As Vice President Al Gore has said, we are in the midst of an information revolution that will forever change the way we live, learn, work, and communicate with each other. The development of this seamless web of communications networks will help to accelerate international economic developments and dramatically improve the quality of people's lives. Every single person, whether deaf, hard of hearing, or hearing, is and will continue to be affected by developments in the way information is handled, processed, and transmitted. The Information Superhighway and commercial cyberspace offers a new paradigm for information flow; the Internet is the largest system of interlocking computer networks in the world. Networks have already been created specifically for deaf and hard of hearing consumers and offer searchable databases having information on every conceivable subject, including periodical

6

literature related to deafness and current issues in deafness, as well as access to national organizations, electronic messaging, open bulletin boards, telex, and electronic mail for research purposes. Current developments in technology allow for multipoint connections and real-time transmission of video, graphics, text, handwritten and hand-drawn materials, and high-fidelity voice and sound.

The communities of deaf and hard of hearing persons must be willing to tap into all areas of Information Technology. New developments of today are outdated tomorrow; never has change been so rapid and so complete. Deaf and hard of hearing persons must be prepared to address the technology head-first, fearlessly, and creatively. Looking beyond the status quo, they must know the hows and whys of technological developments. They must be able to envision, for example, a university providing an American Sign Language class before a live audience of thirty students and a broadcast audience of two hundred students at five remote locations. Or a hard of hearing consumer contacts an audiologist in 2025 via videophone, undergoes a hearing test, receives an audiogram and buys a hearing aid through advocacy networks. And in 2031 a deaf third grader participates in a virtual reality exercise through a computer-powered module using fiber optics and linked to a Life and Science Museum for a simulated space trip to Mars (Stout, 1994).

Implementing the Americans with Disabilities Act underscores how difficult and time and energy consuming it is to "go back" and make technology, such as telephone services and televisions, accessible. The challenge before the deaf and hard of hearing community in 1995 is twofold: to make existing technology such as the emergency warning system and videoconferencing accessible, but to also ensure that future technology, such as the Information Superhighway, is utilized to the fullest for the benefit of persons who are deaf and hard of hearing.

The recommendations of this Task Force report and the proposed solutions to the identified needs are geared to ensure accessibility of all technology, and to creatively address ways in which technology will improve and revolutionize the quality of life for deaf and hard of hearing persons.

In the ensuing discussion three broad topics are addressed, each of which has been identified in the Technology Work Group of the Task Force and Town Hall Meetings as important to all deaf and hard of hearing Kentuckians.

***"The goal of universal service must now be incorporated in the concept of universal design if we are ever going to make telecommunications accessible to everyone."***
**Deaf Consumer**
**Town Hall Meeting, 1995**

### THE KENTUCKY INFORMATION HIGHWAY & COMMUNICATION SERVICES:
### The Principles of Universal Service, Universal Access, and Universal Design

> *The past several years have witnessed rapid, sweeping, and comprehensive change in the ways we utilize telecommunications. Never before in our history have Americans had access to such a wide array of telecommunication products and services. . . It is unconscionable, however, that for persons with disabilities, these new technologies offer little promise . . . . People with disabilities have particular needs to which new communications services are insensitive. The telecommunications of the future will represent a mix of voice, graphic and videotext services that may not be fully utilized by people who are deaf or hard of hearing, blind or visually-impaired, or speech-impaired unless steps are taken now to guarantee their full and equal access. . . With regard to telecommunications access by persons with disabilities, many fundamental issues remain to be addressed.* (Laying the Foundation, 1991)

The consensus of the first year participants in the Blue Ribbon Panel on National Telecommunications Policy was that the key to access of disabled persons in the explosive field of information technology was *universal design*. The Panel concluded that the goal of Universal Service, long the basis for public policy-making in telecommunications, must incorporate the concept of universal design if telecommunications are to be truly accessible to everyone.

Historically universal service has been characterized in terms of 'plain old telephone service,' the standard voice services with which we are all familiar, which is only now, in 1995, with advent of the TDD Distribution Program, becoming accessible to deaf and hard of hearing Kentuckians. Policy-makers have realized that for persons who are disabled, universal service must include more than the plain old telephone service, that without access to modern telecommunications technologies and services, one cannot participate fully in all aspects of modern life.

In this decade of the 90's, what we used to see as distinct technologies — telephones, televisions, cable, radio, computers — are converging, and the key component now is information, represented in digital form. Unless the enormous empowering capabilities these new information and communications services afford are available to all Americans, we will have created a society of "haves" and "have-nots." Only if all Americans are able to be both consumers and producers of information in all forms can our nation fully realize the benefits of this information revolution.

***"The emergence of multimedia capabilities in computer-based communications which allows voice messages to be added in text. This will create a new barrier for deaf or hard of hearing people."***
**Justin W. Dart, Chairman**
**President's Committee on Employment of People with Disabilities**

Traditional concepts that have existed within the communications industry for decades must be reevaluated, and new paradigms must be created if we are to understand more fully this information revolution. The concept of *universal service,* as it has been traditionally defined, must be redefined and expanded to include the evolving array of basic communications and information services available on the National Information Infrastructure (NII). Furthermore the concept known as *universal access* must be formally introduced into the lexicon of the communications industry. Universal access is defined as affordable, ubiquitous, convenient, and functional connections to the NII. These definitions for universal service and universal access, while relating two distinct concepts, are closely interrelated. Add to that the concept of *universal design* which produces products, services, and environments that accommodate the broadest range of possible users. Universal design is synonymous with "accessible" or "inclusive" design. "As products, services and environments are designed to accommodate the greatest range of users, there will be less need to make adaptations for people who function differently, for example, because of age, physical size, or physical, sensory, and cognitive ability. The goal is to design products and services that enable everyone, as much as possible, to use them" (Kaplan and DeWitt, 1993).

Universal design has distinct advantages. First, universal design eliminates the need to make future structural modifications to accommodate the changing needs of people. Second, universal design eliminates special, duplicative, and more costly elements to accommodate the needs of people with disabilities. And third, buildings built to universal design specifications will more efficiently serve the needs of all users (Kaplan and DeWitt, 1993).

Granted, while the concept of universal design is relatively simple, the integration of the concept into the practice of architecture and design, and into the construction of buildings and facilities and vehicles, is much more complex and difficult. This will involve changing the way people think about design, of present-day model building codes and accessibility standards. But universal design involves mainstreaming the concept of designing for everyone (Kaplan and DeWitt 1993). From the onset products and services must be designed which will make them accessible to the greatest range of users.

Again, it is imperative that universal design emerge as a critical part of the new definition of universal service.

The National Information Infrastructure Advisory Council (NIIAC) represents the National Information Infrastructure (NII) for the Clinton Administration. The NIIAC recommends the following universal access and service principles: (1) all individuals should be able to be both consumers and producers of information and services on the NII; (2) individuals with disabilities should have access to the NII and, therefore, design issues should be addressed as the NII is developed to ensure access for all individuals with disabilities; and (3) if commercial and competitive forces do not achieve the goal of universal access and service, support mechanisms such as incentives and subsidies should be evaluated and implemented as appropriate to meet the goal (Common Ground, 1995).

Current developments in communications technology allow multipoint connections and real-time transmission of video, graphics, text, handwritten, and hand drawn materials, as well as high-fidelity voice and sound. With appropriate design and deployment, this technology has the potential to revolutionize the communication capabilities of deaf and hard of hearing people, as well as to greatly facilitate the delivery of clinical and educational services to this population.

The necessary degrees of compression of video and audio signals must be determined and mandated as the industry standard to ensure that there are no barriers to deaf and hard of hearing individuals. The ergonomic factors for adequate workstation design must also be addressed. It is urgent that the needs of the deaf and hard of hearing people be considered during the present period of development so that suitable workstation designs and compression schemes are achieved as these become standardized by industry and regulatory agencies. It is vital that effective design and deployment of configurations meet the essential requirements to make every aspect of the Information Superhighway accessible.

***"Without access to modern telecommunications technologies and services, one cannot participate fully in all aspects of modern life."***
**A Report of the First Year of the Blue Ribbon Panel on National Telecommunications Policy, World Institute on Disability, 1991 (p. iv)**

In view of the above mentioned issues and their importance, the Task Force recognizes the urgent need to assure access to technology for all people by updating our policy-making institutions, laws, and regulations. The Task Force specifically recommends:

RECOMMENDATION 1: The Kentucky state legislature, in conjunction with regulatory agencies, may develop comprehensive, coordinated public telecommunications policies that guarantee basic communications accessibility to persons who are deaf and hard of hearing.

The Finance and Administration Cabinet issued on July 12, 1994, a Request for Proposal for the Kentucky Information Highway and Communication Services. The vision for developing a statewide communications network infrastructure is based on the sharing of information resources by state government entities and also private businesses and individual citizens. The Integrated Communications Backbone Network (ICBN) includes the establishment of a modern, digital communication network to interconnect agencies, educational institutions, and quasi-government institutions throughout the state. With a primary goal of accessing public information, educational resources, health resources, and agency-provided services by citizens and businesses of Kentucky in rural and urban locations, the Kentucky Information Highway has the potential to design unique services to deaf and hard of hearing persons, not to mention other disability groups. In the Administrative Overview of the RFP the Finance and Administration Cabinet noted that "information access is a strong economic development incentive for the Commonwealth and the requirement for access to information resources in Kentucky continues to increase . . . .The Commonwealth's agencies require communications services into all areas of the state." It is the strong recommendation of this Task Force that the Finance and Administration Cabinet recognize the need not only to require communications services into all areas of the state but for all populations of the state, including deaf and hard of hearing persons as well as persons with other disabilities. In light of this need, and in view of the fact that the RFP released by the Finance and Administration Cabinet does not include universal design or universal access in its plan, the Task Force further recommends:

RECOMMENDATION 2: The Finance and Administration Cabinet shall recognize the need for universal design in order to ensure universal access in the Kentucky Information Highway, and that representatives of the deaf and hard of hearing community be included in any organizational planning for communication services. Furthermore any agency awarded the contract to develop the Integrated Communications Backbone Network (ICBN) must offer telecommunication equipment and services for the widest range of people, including deaf and hard of hearing persons.

RECOMMENDATION 3: The Legislative Action Coalition (LAC) shall form an Advisory Group on Telecommunications and Deafness, with a specific mandate to examine telecommunications-related policies and practices that impact deaf and hard of hearing persons, and to assist the Finance and Administration Cabinet to understand and incorporate the concept of universal design, as well as the agency awarded the contract to develop the ICBN.

Persons who are deaf or hard of hearing and their organizations, especially the Legislative Action Coalition comprised of representatives from 25 organizations serving deaf and hard of hearing persons, must be involved fully in the standards development process. This may require consumer training which will empower people to be involved; funding for this type of training should be from a source other than the deaf and hard of hearing organizations.

It is imperative that the Information Highway comply fully with the requirements of the Americans with Disabilities Act. The Blue Ribbon Panel on National Telecommunication Policy recommended that facilities recognize the requirements of the ADA in determining all services, whether they be commerce or information in nature. An Advisory Group comprised of LAC members will function not only as a watchdog, but also will offer valuable advice on universal design and universal access.

RECOMMENDATION 4: State regulations shall be promulgated (or revised) to protect the access of individuals with disabilities in the provision of state and local programs and services through telecommunication technologies, such as information kiosks, electronic town meetings, voting, and other interactive services. Accessibility must extend beyond building/facility exteriors and interiors, and expand to cover products and services.

RECOMMENDATION 5: Incorporate Universal Design into Telecommunication Legislation, including explicit reference to designing, manufacturing, and offering telecommunications equipment and services for the widest range of people.

The fields of telecommunications and computing, consumer electronics, educational technologies, and information services have immense potential to serve persons with disabilities, including deaf and hard of hearing persons. No longer can they be permitted to research, design, and manufacture products and services which exclude persons with disabilities simply because no consideration was given to their inclusion.

RECOMMENDATION 6: The Commonwealth shall call for performance-based standards on accessibility in the manufacture of telecommunication equipment.

RECOMMENDATION 7: The Kentucky Commission on the Deaf and Hard of Hearing and the Public Service Commission shall work with organizations serving deaf and hard of hearing persons to develop model guidelines for the implementation and administration of telecommunication equipment access programs.

It must be reiterated that developments in the Commonwealth regarding the Information Infrastructure, telecommunications, and communication technology incorporate from the beginning the concept of universal design — which, again, is the production of products, services, and environments that accommodate the broadest range of users possible. Only then is universal access guaranteed for all of Kentucky's people, including those who are deaf or hard of hearing.

> ***"With an unemployment rate that exceeds 60% people with disabilities are one of the lowest-income groups in the country, yet the cost of equipment and services that people with disabilities must bear is often much higher than for the general population."***
> **A Report of the First Year of the Blue Ribbon Panel on National Telecommunications Policy, World Institute on Disability, 1991 (p. v)**

### EMERGENCY ALERT AND WEATHER WARNING SYSTEMS

**Emergency Alert System.** On November 10, 1994, the Federal Communications Commission replaced the Emergency Broadcast System with a new Emergency Alert System. The digital EAS is designed to work with both new and established communications technologies, including satellite, broadcast, and cable, to make disaster warning systems more effective. Emphasizing speed, reliability, and efficiency, the new system has been termed the emergency warning system of the 21st Century and will have the ability to alert the public more quickly and reliably than the old EBS. Broadcasters have long been required to participate in the EBS and will likewise be required to participate in the new EAS. The Cable Act of 1992 mandates the same of cable operators.

The major features of the EAS include: (1) a digital system architecture that will allow broadcast, cable, satellite, and other services to send and receive alerting information; (2) multiple source monitoring for emergency alerts; (3) a shortened (minimum 8 seconds) alerting tone; (4) automated and remote control operations; (5) a weekly test that is unobtrusive to viewers and listeners, as well as a monthly on-air test; (6) ability to issue alerts in languages other than English; (7) provisions for the hearing and visually impaired; (8) prohibition of the false use of the codes and alert signal; and (9) a mandated standard protocol for sending messages. Radio and television broadcasters will be required to replace EBS equipment with EAS equipment by July 1, 1996, and cable systems have an additional year to comply under FCC guidelines.

The Kentucky Division of Disaster and Emergency Services is in concurrence with the FCC decision to revamp the emergency broadcast warning system.

> ***"I'm concerned about weather warnings. We [deaf and hard of hearing individuals] need to have access, perhaps through captioning. But some kind of system must be developed especially because during the recent storms in the Danville area, my wife and I could not hear the tornado sirens."***
> **Deaf Consumer**
> **Town Hall Meeting, 1995**

**Weather Warning Systems.** As beneficial as these changes are, they are ineffective for the population of deaf and hard of hearing persons as long as no special approaches are designed to warn them. In other parts of the country, developments demonstrate new ways to alert special populations. Perhaps one of the most thorough systems has been developed in Cincinnati, home to more than 80,000 deaf and hard of hearing persons. There police vehicles will have a removable magnetic mount on the front to provide instant notification that there is a severe weather threat. In addition, a universal 3' by 5' flag with the American Sign Language symbol "TO WARN" printed on it will be raised at police and fire stations. A third innovative approach is the Modified Weather Alert Radio for the Deaf. Instead of the traditional emergency alert tone, the audible tone activates a pillow vibrator at the onset of a weather warning from the NWS. Deaf and hard of hearing persons then go to another source, such as a television, a telecommunication device for the deaf (TDD), or a neighbor, for additional information. Without this unit the deaf person could literally sleep through a possible devastating storm. The deaf and hard of hearing community, in turn, initiated an all-out effort to educate its constituents through awareness campaigns.

In other developments, the U. S. Army has begun implementing the warning flag system at bases around the country. The special flags have also been adopted by businesses from hair salons to shopping malls, and local governments in all 50 states.

While legislation guarantees that EAS ensures the availability of Emergency Warning Systems, the special needs of deaf and hard of hearing persons must be considered and means for expanding the warning systems to include them must be devised. It is recommended by this Task Force Committee that the Kentucky Division of Disaster and Emergency Services develop a plan to address the need for alerting deaf and hard of hearing persons as well as for the captioning of all emergency broadcasts.

**The TOBI System.** Weather warnings and emergency situations are regularly broadcast on television and radio when situations demand the need for them. The usual form is an "emergency crawl" across the television screen which is intended to put viewers on the alert without breaking into the programs being watched.

Deaf and hard of hearing viewers however, who depend on closed captioning, either lose the closed captioning or miss the emergency crawl because the crawls and closed captioning use the same location on the television screen. The TOBI system entails technical maneuvering that allows the emergency information to be "crawled" across the top of the screen while the closed captioning remains on the bottom of the screen. This new method of placement of the crawls is technically acceptable to closed captioned viewers and hearing viewers on the same screen.

To ensure the accessibility of the Emergency Weather Warning System, the TOBI system needs to be fully implemented throughout Kentucky.

## CLOSED CAPTIONING FOR EDUCATIONAL AND GOVERNMENTAL TELEVISED PROGRAMS

It is the recommendation of this Task Force that by July 1997, all productions of Kentucky Educational Television (KET) be closed captioned. For purposes of clarification, the history, importance, and techniques of closed captioning are discussed in this section as well as KET's potential to reach a diverse audience through closed captioning.

**A Brief History of Captioning.** Captioning has been available since 1979. After experimentation through the 1970's on means of allowing television viewers selectivity in viewing choice — screens with captions and screens without captions — the system of closed captions was developed. In March 1980, the *Telecaption I* decoder allowed for the first broadcast of a closed-captioned television series. Over the next decade, the use of captioning by public and broadcast television increased from 16 hours a week in 1980 to over 770 hours per week in 1993 (NCI, 1193). Real-time captioning, the process of adding captions as the events are being televised, saw its advent in 1982. Through real-time captions, deaf and hard of hearing viewers witness the news and events that shape the world. In 1989 the first decoding microchip was developed and is today built directly into new television sets at the manufacturing stage. The next generation of high definition television (HDTV) will have captions of equally high quality.

> ***"For individuals with limitations in hearing, seeing, moving, speaking, or cognition, the explosion of telecommunications offers opportunities as never before."***
> **A Report of the First Year of the Blue Ribbon Panel on National Telecommunications Policy, World Institute on Disability, 1991 (p. v.)**

**Captioning and the ADA.** As a result of the Americans with Disabilities Act, the use of captioning has been expanding as a means to fulfill effectively the requirements to make materials accessible to all Americans. The US Congress passed in 1990 the Television Decoder Circuitry Act which mandates that after mid-1993 all new television sets 13 inches or larger must contain caption decoding technology.

**How Captioning Works.** Captioning is the text display of spoken words presented on the television (or computer) screen. Captioning allows the viewer to follow the dialogue and the action of a program simultaneously. Captions can also provide information about who is speaking or special sound effects.

**Forms of Captioning.** There are two basic forms of captioning:

*Open captions* appear on all receivers and can be viewed without the use of decoder on all television sets. In the past, some news bulletins, presidential addresses, or programming created especially for deaf and hard of hearing audiences were open captioned.

*Closed captions* require the use of a special decoder or an electronic chip which decodes the captions (installed in all television sets over 13" sold in the US after 1993).

**Captioning Operations.** Captioning may be real-time or it may be performed in advance of broadcasting.

*Real-time captioning or stenographic captioning* is provided for programs for which there is no script or for live events including Congressional proceedings, news programs, conferences, and so forth. Real-time captions are created as the event takes place. A captioner (usually trained as a court reporter or stenographer) uses a stenotype machine with a phonetic keyboard and special software. A computer translates the phonetic symbols into English captions almost instantaneously. The slight delay is based on (1) the captioner's need to hear the word, and (2) computer processing time. Most real-time captioning which is broadcast is now 96% accurate. Errors occur when the captioner mishears a word or hears an unfamiliar word, or when there are errors in the software dictionary. Broadcast real-time captioning is often produced at a different location from the programming and is transmitted by satellite.

*Edit and verbatim captioning* are done in advance and can be expected to be 100% accurate, as the captioner has sufficient time to make corrections. Edit captions summarize ideas and shorten phrases. Verbatim captions include all of what is said. Although edit captions allow for ease in reading, most deaf and hard of hearing persons prefer the full access provided by verbatim texts.

**Who Benefits from Closed Captioning?** It goes without saying that the primary beneficiaries of closed captioning are deaf and hard of hearing individuals who use closed captions to understand television. To limit the population to this group, however, is to do injustice to the widespread potential for closed captioning capabilities.

Captioning is especially beneficial for children who are deaf and hard of hearing, those who are learning to read in the primary grades, as well as for those in upper elementary, junior, and senior high schools. Real-time captioning in the classroom is a potent alternative to notetaking, a service which is at best imperfect and dependent on the foibles of human nature — with the notetaker deciding what is important enough to record. As inadequate as notetaking is, research demonstrates that it is more important to the success of deaf and hard of hearing students in the college classroom than is interpreting (Jacobs, 1976). That being the case, we can hypothesize then that real-time captioning of lectures and classroom presentations and discussions will give deaf and hard of hearing students equitable opportunities. Because real-time captioning uses a computer to store information, a side benefit of real-time captioning in classrooms is that hearing students will have access to the resulting transcript. In this sense, a service which may be provided for a singular deaf and hard of hearing student benefits all the students in the classroom.

Captioned television has exciting potential as an educational tool. Hearing persons benefit when words are added to the screen. Television becomes a moving storybook: viewers see the picture, hear the spoken word, and read the captioned text — three contexts that support learning (NCI, 1993). That children spend over 30 hours per week watching television is a well-documented fact. A 1984 study by the National Captioning Institute showed that hearing children who watched captioned television were able to significantly improve their vocabulary and oral reading fluency. Deaf and hard of hearing children benefit even more; television offers the reading opportunities that enhance educational experiences.

It is estimated that there are 180,000 individuals in Kentucky for whom English is a second language. Studies show that foreign language-speaking people can dramatically improve their English language, vocabulary, and comprehension skills by watching captioned TV (NCI, 1993).

Furthermore, captioned TV is an excellent way for functionally illiterate adults to augment reading skills being developed in literacy programs. A 1982 University of Pittsburgh study found that adults were highly motivated by watching and reading captioned TV, an activity that allows them to practice reading skills in the privacy of their homes (NCI, 1993). In Kentucky, more than 924,000 individuals over the age of 18 do not have high school diplomas (Emmons, 1995). Though these students may not be functionally illiterate, they still have the potential to benefit from closed captioned programs, especially if they are in GED classes or other coursework which requires reading skills.

The diagram on the next page gives the figures for the populations in Kentucky which would benefit from enhanced closed captioning.

**Captioning — Where?** Public accommodations in which captioning is available include such facilities as hotels, hospitals, movie theatres, bars, convention centers, shopping centers, libraries, museums, day care centers, health spas, and bowling alleys. The list goes on. To give a specific example of how captioning impacts significant areas of human life, we cite an article from the SHHH Journal (Brentano, 1994). Entitled "It Takes Tact, Time and Teaching," the report focuses on how real-time reporting technology is helping jurors, litigants, attorneys, and judges be active participants in the judicial system. In describing the Total Access Courtroom, Brentano explains that its heart is a court reporter operating a Computer-Aid Transcription (CAT) system, a steno machine linked electronically to a computer. Information from the computer is processed to best fit individual needs: on a floppy disk for an attorney or a judge working with a laptop, in Braille for litigants who are blind, and real-time captions for hard of hearing and deaf persons. Brentano cites as examples a judge in Wisconsin who is able to use the phone, listen to

> *"A hearing person explained to me that he was able to jump up and run to the Capitol on a minute's notice because of what he viewed on television of a meeting of the House of Representatives concerning a resolution encouraging financial support for the Kentucky Educational Television station. Deaf and hard of hearing persons do not have access to the actions of the government through television broadcasts. Participation in government must be as available to them as to the hearing population."*
> **Bobbie Beth Scoggins, in a letter written on behalf of the deaf and hard of hearing community requesting the General Assembly session be captioned, 1995**

proceedings, and communicate with court personnel as a result of his court reporter's real-time reporting. In Georgia, hearings held by a state senator on forming a commission for deaf and hard of hearing people were captioned right in the state capitol, and alongside interpreters, allowing all participants to clearly understand the testimony that was given. As Brentano wrote, this was equal access on the highest level due to sensitivity on the part of the senator's staff.

**The Captioners.** As will be explained in the following section, the greatest weakness of captioning, and especially of real-time captioning, is the captioner. It is expected that captioners will have excellent English language skills as well as demonstrated experience in writing, editing, and proofreading. They must also have impeccable spelling skills and an extensive vocabulary. The ability to work independently and meet tight deadlines as well as excellent problem solving

*"Captioned television has exciting potential as an educational tool."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing**

371,000
**Deaf and Hard of Hearing People**[1]

180,000
For Whom English is a Second Language[2]

120,000
Young Children Learning to Read[3]

250,000
Remedial Readers[4]

924,000
Illiterate Adults[5]

Sources of Data: [1]KCDHH Estimated population of deaf and hard of hearing residents of Kentucky; [2]Extrapolated figures for Kentucky based on U. S. Census Bureau, 1990; [3]Legislative Research Commission, 1995; [4]Extrapolated figures for Kentucky based on U. S. Department of Education documentation, 1985; [5]Kentucky Department of Adult Education and Literacy, 1995.

BEST COPY AVAILABLE

6

skills are necessary for both real-time and edit/verbatim delayed captioning. While edit/verbatim captioners may type at speeds as slow as 45 words per minute, real-time captioners have to be much faster and skilled in the use of stenostrokes (based on phonetics and translated into English by a computer). Court reporters are ideal candidates for real-time captioning, but even they would need additional training because the court reporting system allows for more flexibility than real-time captioning. To cite an example, court reporters would not need to differentiate initially between phonetically similar words (e.g., there/their/they're); they can make corrections when they do the transcription. Real-time captioners, however, would have to differentiate these words immediately and type them in correctly. Possible solutions to this dilemma include having scopists (a second person) to assist the real-time captioner and correct any errors on a laptop computer connected to the captioners' equipment. Scopists are generally interns learning the captioning process.

**Problems in Captioning.** As ideal as captioning is, it is still dependent on human performance, especially real-time captioning. Typists must be fairly skilled at speed and accuracy. Even the most skilled typists cannot type 250 words per minute, the average rate of spoken conversation. Typographic mistakes and incomplete information are the norm and are somewhat unavoidable. Reading text from a computer or television screen can be difficult for large groups (NCI, 1993). Equipment, software, and personnel can be expensive, but with creative planning costs can be considerably cut.

**Gaps.** Despite the widespread availability of this technology, some producers of videotapes, commercials, public service announcements, videoconferences, and similar products do not caption their services. Among these producers, unfortunately, is the state government which produces numerous educational videotapes for the general public. KET does caption 90% of its in-house productions, but approximately 47% of all programs, most of which are aired on open broadcast, are not closed captioned (Clark, 1995). And none of KET's Star Channels teleconferencing presentations and live, interactive courses are currently closed captioned. It is noteworthy that "the KET Star Channels system delivers advanced high school courses taught by some of the best teachers in the state to students in schools where the courses previously were not offered at all" (KET Star Channels, 1995). With more than 1000 deaf and hard of hearing children in Kentucky schools, not a single one in need of closed captioning can take advantage of the excellent coursework offered through KET's Star Channels.

> ***"Despite the widespread availability of this technology, some producers of videotapes, commercials, public service announcements, videoconferences, and similar products do not caption their services. Among these producers, unfortunately, is the state government which produces numerous educational videotapes for the general public."***
> **Task Force on Services to Persons who are Deaf and Hard of Hearing, 1995**

A significant need exists for making government and educational television accessible to deaf and hard of hearing persons — through the technology of closed captioning.

**Kentucky Educational Television.** Kentucky Educational Television (KET) is a unique communication resource, an educational institution for children and adults. KET is both a town hall and a performance stage for Kentucky's outstanding talent and the world's great artists. The largest public television network in the United States, KET provides specialized programming for Kentucky students, teachers, and other audiences through its Star Channels satellite delivery system. Funding for KET is from both state and private sources.

KET's programming serves more then 40,000 square miles in Kentucky and the surrounding areas. In 1992-93, 22 college credit courses were offered along with coursework for GED recipients. The July 1993, Nielsen report indicated that one in three children watch KET programs, and 72 percent of Kentucky households tune in. KET covers all proceedings of the Kentucky General Assembly and produces numerous original arts programs. Plans are underway to offer a class in American Sign Language for primary students using the Star Channels satellite network.

And yet, only 53 percent of all this broadcast programing is accessible to the population of deaf and hard of hearing persons in Kentucky. Captioning is provided for [illegible]3 hours of the total 119 hours of programming offered weekly (Clark, 1995). The fact remains that 43 percent of KET's productions, most of which are programs airing on open broadcast and produced by outsiders, are not closed captioned. The Task Force recommends that KET caption all programs it generates. Furthermore, none of KET's Star Channels programming is currently closed captioned. The Task Force recommends that KET develop policies and procedures for the captioning of teleconferencing presentations and live, interactive courses and seminars offered by the KET Star Channels satellite system. Additionally, the Task Force recognizes that KET's attempt to caption all programming including programs produced elsewhere where feasible is a right step in complying with the Americans with Disabilites Act.

Only then will all those populations who benefit from closed captioning — deaf and hard of hearing people, individuals for whom English is a second language, young children learning to read, remedial readers, and illiterate adults — have the opportunity to take advantage of the programming offered by this country's largest television network. The recommendation of this Task Force is that the General Assembly provide funds for the captioning of all KETgenerated programs, including the purchase of equipment and the provision of captioners.

> ***"As we continue to speed down the information highway, we need to make sure that we don't have a head-on collision with a technology that may prove to be physically hazardous and economically devastating to millions of Americans."***
> **Helping Equalize Access Rights In Telecommunications Now, 1995**

### Critical Need

- Quality of VR services to clients who are **DEAF, HARD OF HEARING, LATE DEAFENED and DEAF-BLIND** needs to be enhanced to ensure client satisfaction.
- Skills in **rehabilitation technology** used by deaf, deaf-blind, hard of hearing and late deafened adults need to be updated.
- Other essential rehabilitation services such as **community rehabilitation programs, transition programs, supported employment, and independent living services** need to be more effective and increase service provisions to persons who are deaf or hard of hearing.

### Action Needed

- Design staffing to accommodate the unique needs of consumers who are deaf, hard of hearing, late deafened, and deaf-blind;
- Ensure staff persons working with consumers who are deaf, hard of hearing, late deafened and deaf-blind have competent communication skills;
- Increase the number of interpreters skilled in vocational rehabilitation interpreting and interpreting for consumers who use sign, are oral, or deaf-blind;
- Ensure offices and agency activities serving deaf, hard of hearing, late deafened and deaf-blind are communication accessible;
- Increase the use of appropriate technology in the Individual Written Rehabilitation Plan with consumers who are deaf, hard of hearing, late deafened, and deaf-blind;
- Educate consumers about vocational rehabilitation services, eligibility, etc.;
- Increase the numbers of consumers who are deaf, hard of hearing, late deafened and deaf-blind employed and reduce recidivism; and
- Solicit consumer input about vocational rehabilitation services.

### Possible Implementing Agencies

Department of Vocational Rehabilitation
Department for the Blind

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| **FY 1996-97** | |
| DVR General | $496,000 |
| DFB General | $ 32,300 |
| **FY 1997-98** | |
| DVR General | $362,000 |
| DFB General | $ 98,000 |

### Potential Funding

General Assembly

### Results/Impact

- The rehabilitation needs of consumers who are deaf, hard of hearing, late deafened, and deaf-blind will be better served. Rehabilitation staff persons will be better qualified to serve this population. Consumers will be informed and knowledgeable about available technology. There will be more options and opportunities for consumers to develop work skills. Consumers obtaining employment will increase.

## Strategic Action

- Identify existing counselors to specialize in serving deaf, hard of hearing, late deafened and deaf-blind adults;
- Recruit and retain highly trained professionals with ASL skills to serve deaf clients;
- Expand the Helen Keller National Center Affiliateship to include 3 additional staff positions to coordinate services to individuals who are deaf-blind on a regional basis;
- Collaborate with the Department for the Blind and other service agencies such as the Department for Mental Health and Mental Retardation Services to assure quality services available to deaf-blind individuals;
- Provide training to staff on issues and topics related to deafness, hard of hearing, late deafened and deaf-blind;
- Implement a biennial sign competency evaluation for each staff member who deals with deaf individuals using SCPI and/or appropriate tools;
- Provide training to rehabilitation technologists and designated staff to learn about using, demonstrating, and acquiring specialized and/or applied technology such as assistive listening devices, telecommunication devices, visual display technology, etc.;
- Collaborate with Eastern Kentucky University Interpreter Training Program to train interpreters in the area of vocational rehabilitation;
- Identify and obtain equipment needed for communication accessibility of vocational rehabilitation offices;
- Equip counselors with assistive devices for demonstration and use with clients;
- Obtain real time captioning technology for use with consumers and staff;
- Equip district offices with VCRs and monitors and produce video series to help educate clients on the rehabilitation process, services, eligibility, skills needed for employment, etc.;
- Develop a video tape series for use in educating consumers on VR process and in training of VR staff on working with individuals who are deaf;
- Identify and target potential local programs capable of providing other essential rehabilitation services effectively to persons who are deaf or hard of hearing;
- Develop initiatives by DVR for collaborative programs where consumers who are deaf will receive additional services such as work force preparedness training, etc.; and
- Hold annual consumer focus group meetings consisting of consumers and/or staff/service providers to gather information on consumer satisfaction, quality of services, etc.

## Supporting Documentation

**1992 Rehabilitation Act Amendments**

The Rehabilitation Act Amendments of 1992 mandate new federal and state initiatives including emphasis on qualified staff, requirements for communication in an individual's native language and preferred communication mode, welcomed requirements for enhanced informed choice for applicants and clients, timely provision of assistive technology, and outreach procedures to identify and serve individuals with disabilities who have been unserved or underserved by the vocational rehabilitation system.

6

These changes give the Department of Vocational Rehabilitation and the Department for the Blind the impetus for recommendations made in this Task Force report. The remainder of this section addresses each of the Rehab Act Amendments initiatives, providing a brief rationale for their inclusion in the Adult Services Vocational Rehabilitation section of this Task Force report.

### Vocational Rehabilitation Agencies

The Department of Vocational Rehabilitation (DVR) and the Department for the Blind (DFB) provide assistance to Kentuckians with disabilities so that they may achieve suitable employment and independence. Within DVR, the Deaf/Hard of Hearing Services Branch is responsible for effective service delivery of vocational rehabilitation services to individuals who are Deaf/deaf, late deafened, deaf-blind, and hard of hearing. The Program Administrator of this branch performs administrative duties and focuses on services to persons who are hard of hearing and late deafened. The DVR State Coordinator of Deaf Services is responsible for the review and development of services to persons who are culturally deaf. The DVR Statewide Coordinator of Deaf-Blind Services works with a variety of agencies in developing services for adults who are deaf-blind. The Department for the Blind provides services to individuals with a primary disability of visual impairment. DFB also serves persons who have a secondary disability of hearing loss, i.e., persons with deaf-blindness.

### Population - Adults Who are Deaf or Hard of Hearing

Hearing loss is the most prevalent disability in the general population.

Persons who are deaf and hard of hearing represent diverse populations with frequently disparate rehabilitation needs. Danek (Winter, 1993-94) explains that the impact of hearing loss on any one person will be contingent upon the individual and environmental factors, including severity of hearing loss, age of onset of hearing loss, progression of hearing loss, innate personal characteristics, family and social support systems, educational interventions, potential to benefit from vocational training and/or retraining, identification with a minority culture group — among many other factors.

The term hearing impaired refers to all people with hearing loss. It is inclusive of people who are Deaf, late deafened, and hard of hearing with no regard to severity of loss, age at onset, communication methods, use of technology or sociocultural factors. Hearing impairment is a generic term. The term Deaf refers to cultural identification with members of the Deaf community and the use of American Sign Language as the primary communication method. The lower case "d" means any person with hearing loss so severe that communication and learning is primarily by visual methods. Hard of hearing refers to people who have some degree of hearing loss, varying from mild to profound and can benefit from assistive listening devices but rely on English as their primary language, are not affiliated with the Deaf community and function primarily in the "hearing world". Persons who are late deafened have a severe to profound disability with an age at onset after the development of speech and language but derive little or no benefit from assistive listening technology and require visual representation of English including visual display technology. (Tomlinson, 1983)

Within the group of deaf-blind persons there are four categories: deaf-blind - persons having no usable hearing for speech and so severely impaired visually that they cannot read ordinary newsprint, even with glasses, or otherwise have usual defects to the extent that they have no useful vision in either eye; deaf and severely impaired visually - persons having no usable hearing for speech and who are severely visually impaired (but not blind) in both eyes; severely impaired auditorial and blind - persons whose better ear has a severe hearing impairment with the other ear equally impaired or worse (maybe deaf) and have no useful vision in either eye; severely impaired auditorial; and visually - persons who have a severe visual impairment in both eyes (but not blind) and whose better ear has a severe hearing impairment with the other ear equally impaired or worse (maybe deaf) (Eleventh Institute on Rehabilitation Issues, 1982).

In 1992 the Institute on Rehabilitation Issues designated persons who are hard of hearing as an "underserved" population in the vocational rehabilitation setting. This designation means that specific information and statistics met criteria establishing that this population is underserved by the states' vocational rehabilitation programs, and it then becomes incumbent on the service delivery system to respond at a variety of levels including federal and state policies, case service practices, and in-service and preservice training programs (Nineteenth Institute on Rehabilitation Issues, 1992).

Currently, a great deal of attention is focused on the rehabilitation and independent living needs of traditionally underserved persons who are deaf. These individuals have been labeled as low functioning, low achieving, multiply handicapped, minimal language skilled, and disadvantaged deaf. Now the term "traditionally underserved" places the responsibility for less-than-optimum functioning on the service delivery system rather than the individual (Long, et.al., 1993). The descriptive characteristics of traditionally underserved persons who are deaf can be summarized as follows: written English skills are inadequate for communication with others; speech and speechreading skills are not reliable for communication with others; sign language skills are insufficient for meaningfully conveying ideas and abstract thought; vocational skills are such that the traditionally underserved deaf person is unable to work outside of a sheltered or highly supervised setting; academic achievement ranges from grade level 0-3 in both reading and math; independent living skills are such that the individual experiences difficulty carrying out daily living tasks without supervision and guidance from others; social skills are demonstrated by aggressiveness, impulsiveness, low frustration tolerance, difficulty in establishing social support, poor emotional control, and poor problem solving skills.

### Vocational Rehabilitation Work Group Recommendations

The Vocational Rehabilitation Work Group's recommendations considered the unique needs of the population. Vocational rehabilitation services to this population should be tailored to meet the specific needs of the variety of persons who are hearing impaired.

Staffing/Personnel/Communication

Deaf/deaf: Counselors serving clients who are culturally deaf need to have skills in American Sign Language and knowledge about deaf culture. These counselors should be placed strategically in DVR offices based on the total number of deaf clients in an area and the amount of territory to be served. Competence of ASL skills should be demonstrated in a specific amount of time at an intermediate level or above as measured by the Sign Communication Proficiency Interview.

> Effective communication between counselors serving Deaf/deaf clients is critical to the rehabilitation process. Staff sign skills development need to be checked for the purpose of enhancing communication between the staff and the consumers who use sign language. Staff should be encouraged to use clients' preferred mode of communication, i.e. ASL, SEE, oral, tactual, etc. (1995 VR Consumer Focus Group) One means of assessing communication skills is the Sign Communication Proficiency Interview (SCPI). Both Georgia and New York use this instrument for assessing and developing sign communication skills of rehabilitation personnel. The Georgia Division of Rehabilitation Services (DRS) recognized that staff highly skilled in counseling lose any benefits from that skill when they cannot communicate effectively with consumers (Caccamise, et.al., 1988). As a result, Georgia DRS selected "Intermediate Plus" as the minimal SCPI rating level.

deaf-blind: Clients who are deaf-blind should be served by DVR or DFB depending on their preferred mode of communication and/or major disability (hearing loss/vision loss). Specific procedures for referral need to be updated and include coordination between agencies. Services for adults who are deaf-blind, originally established through the Helen Keller National Center Affiliateship need to be expanded by adding three deaf-blind specialists, which along with the Statewide Coordinator of Deaf-Blind Services, will provide statewide services in each of four regions. The deaf-blind specialists would work with both DVR and DFB in coordinating and developing services for deaf-blind adults. Also, these specialists would establish regional interagency deaf-blind service teams to help plan and advocate for cases, share resources, provide technical assistance, and work with consumer's families.

> The Assistant Director of the Helen Keller National Center, Nancy Flax, recently reviewed the five-year Kentucky affiliateship with the center. Ms. Flax recognized that Kentucky's continued success demonstrated through the affiliateship would only reach its full potential with the addition of personnel. Kentucky is following a model that has been successful in another state that also has numerous isolated areas interspersed with urban areas and provides services on a regional basis collaborating with other agencies.

late deafened and hard of hearing: Hard of hearing clients make up the majority of hearing impaired clients served by DVR. Clients who are hard of hearing and late deafened who do not use ASL can be served by the same counselor. This counselor should be knowledgeable about communication strategies, assistive listening devices, and visual display technology. Since very few persons who are hard of hearing and late deafened are actually being served by DVR and DFB, activities need to be initiated for case finding, referral, and evaluation of existing clients.

> Since the mid 1970s, Vocational Rehabilitation program development and staff training have focused on accessing culturally Deaf and signing person to its services delivery system. Very little attention has been given to service interventions that are needed for the non-signing person who is hard of hearing or late deafened in order for them to persevere through the stresses of hearing loss and the accompanying adjustment process which must take place to enter or remain in the productive work force (P. Tomlinson, et. al., 1993).

other essential personnel: Staff interpreters are more cost effective to provide communication for clients, staff and consumers. Cooperative initiatives with the state's interpreter training program will result in more interpreters skilled in vocational rehabilitation interpreting and sign, oral, and deaf-blind interpreting. Due to the rapid increase of available technology specifically for persons who are deaf and hard of hearing, at least one rehab technologist should be assigned in this area. The rehab technologist would provide specific recommendations regarding products and accommodations and demonstrate their use and set up.

> The number one recommendation from "State VR Agency Priorities for Improving the Delivery of Interpreting Services to Individuals who are Deaf and Hard of Hearing", a study published by the Rehabilitation Research & Training Center for Persons who are Deaf or Hard of Hearing was that state rehabilitation agencies should intensify efforts to develop cooperative relationships with interpreter preparation programs and interpreter referral service agencies to increase the supply of qualified interpreters in their states (Anderson and Carnahan, 1993). Interpreters should be employed full-time to provide necessary intervention (1995 VR Consumer Focus Group).

### Training

In a case review completed by the VR Work Group, training of staff is indicated in a number of areas:

-Deaf/deaf - After sign communication skills are measured, training should be tailored to address identified weaknesses aimed at achieving an "intermediate" level of functioning.

-deaf-blind - Counselors serving this group (including both DVR and DFB) should receive training on medical/functional assessments and treatment, communication methods, resources, low vision evaluation/aids and other specialized technology.

-hard of hearing/late deafened - Training for counselors serving this population should include information about psychosocial effects, communication problems and strategies, audiology and technology.

> Professionals in rehabilitation need to be able to effectively communicate with people with hearing loss in order to work with them. This has been recognized in serving individuals who use sign language to communicate with a number of training programs funded for rehabilitation counselors for the deaf (RCD's). Training is also needed to teach professionals about the communication needs of consumers with adult onset hearing loss and be aware of the psychosocial issues people often have to deal with (Kosovich, 1994). In the 1995 VR Consumer Focus Group, recommendations were made for sensitivity trainings to rehabilitation staff for appropriate development of attitude toward persons who are deaf or hard of hearing.

### Accessibility

A spot check of VR offices was conducted and indicated that improvement in office accessibility is needed. All offices that serve any of the groups of persons who are hearing impaired need to be "communication accessible" and "deaf friendly". This includes having TTYs, phone amplifiers/specialized telephones, assistive listening systems and some method of visual display technology, etc. Additional equipment to help demonstrate and train clients on technology should be located with these counselors. VCRs and monitors are needed to visually convey information with videotapes by captioning or signing.

> The use of "Peer Advocates" and "Client Portfolios" are suggestions for making VR offices more "deaf friendly and deaf-blind friendly". Making the environment more deaf and deaf-blind friendly would require physical and communicative modifications to satisfy the agency's approachability, such as improved illumination and appropriate decorative schemes for those who are deaf-blind. Twenty point print should be used for any materials deaf-blind consumers need to read. Counselors should be encouraged to make appointments for future visits while clients are in the office and toll-free numbers would connect consumers in remote areas to access rehabilitation staff more easily. Reduced caseloads for counselors were recommended to encourage improvement in quality of services (1995 VR Consumer Focus Group).

### Other Essential Rehabilitation Services

Services such as supported employment, community rehabilitation programs, rehabilitation centers, job placement programs and independent living services need to be identified and targeted for effective service provision to persons who are deaf or hard of hearing. Initiatives need to include developing all of these services to meet the needs of persons who are deaf or hard of hearing.

> The plight of individuals who are deaf and have failed to reach their optimum levels of functioning has been of concern to rehabilitation professionals for more than 30 years. Many rehabilitation facilities were ill-equipped to provide quality services to persons who are deaf and lacked the appropriate staff and resources to serve traditionally underserved deaf people (N. Long, Ouellette, G. Long, and Dolan, 1994).

# STRATEGIC PLANNING

## Adult Services — Adult Education and Literacy

### Critical Need

- Basic skills, literacy skills enhancement for deaf and hard of hearing individuals who have not obtained a high school credential, to open doors for educational opportunities and employment.
- Qualified, skilled instructors and tutors for deaf and hard of hearing adults.
- Appropriate accommodations, including interpreters and assistive devices in learning centers, postsecondary, and adult training programs statewide.
- Involvement of adults with hearing loss in lifelong learning opportunities.
- Demonstration sites to develop model programs which would provide comprehensive services to deaf individuals in need of academic remediation and employability skills.
- Networking of resources among agencies, organizations, and service providers; pulling available information together for productive use.

### Action Needed

- Identify gaps in services.
- Develop/locate/modify curriculum, assessments, and training programs appropriate for deaf and hard of hearing individuals.
- Promote opportunities for learning and increase number of referrals for adult education.
- Provide appropriate training for program providers and staff who work with deaf and hard of hearing persons.
- Recruit teachers skilled in education techniques and communication styles of deaf and hard of hearing persons.
- Provide funding for necessary program accommodation.

### Possible Implementing Agencies

Department for Adult Education and Literacy
Department of Vocational Rehabilitation
Kentucky Commission on the Deaf and Hard of Hearing
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Kentucky Tech
Center for Adult Education and Literacy
Cabinet for Human Resources

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| FY 96-97 | |
| Interpreters | $240,000 |
| Materials | $10,000 |
| FY 97-98 | |
| Interpreters | $384,000 |
| Materials | $10,000 |
| **TOTAL** | **$644,000** |

### Potential Funding

General Assembly
Adult Education Act
JOBS (for individuals on welfare)
JTPA (for individuals who are economically disadvantaged)

### Results/Impact

- As a result of this action, more deaf and hard of hearing persons will attend college, vocational schools, on-the-job training facilities. The impact will be employment or the ability to obtain employment — fewer deaf and hard of hearing persons on welfare, SSI, and SSDI, resulting in less dependency.
- Deaf and hard of hearing students who come to a learning center will be retained long enough to reach educational goals, including obtaining/improving English skills, obtaining high school credentials, acquiring computer skills, and meeting other goals set for themselves.

## Strategic Action

- Train adult educators in the uniqueness of and cognitive aspects of deafness;
- Hire interpreters in programs where need is established;
- Train tutors, including deaf adults, who can provide remedial instruction and serve as role models for educationally disadvantaged deaf adults;
- Provide necessary accommodations for GED test;
- Make available the external diploma program which allows the individual to be assessed and demonstrate competencies to obtain a high school diploma rather than through GED testing;
- Provide English-as-a-Second-Language classes statewide that specifically address language needs of deaf people who have not developed the necessary English skills for literacy, communication, or writing proficiency.

***"Provide English-as-a-Second-Language classes statewide that specifically address language needs of deaf people who have not developed the necessary English skills for literacy, communication, or writing proficiency."***
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

## Supporting Documentation

The Kentucky Department for Adult Education and Literacy was formed by Executive Order in June 1993. Prior to that time adult education services were provided by two separate agencies, the Kentucky Literacy Commission and the Office of Adult Education Services. Present services for educationally disadvantaged adults are integrated under one department and include instructional services through volunteer tutors and paid instructors in one-on-one, small group, or learning center settings. Occasionally homebound instruction is also provided.

The Department for Adult Education and Literacy is the sole state agency designated to develop and approve state plans and receive federal funds, for adult education and literacy. This integration of adult education and literacy services ensures compliance with the Adult Education Act as amended by the National Literacy Act.

The Department subcontracts for all adult education services statewide. This network of providers insures services are available in all of Kentucky's 120 counties. As of July 1, 1995, there were 198 subcontractors ranging from purely volunteer driven programs to school operated programs with paid instructors. In addition, many subcontracts have blended the services of volunteers and paid instruction.

In fiscal year 93-94, a statewide network of 241 providers joined forces to provide adult education services to 42,260 adult Kentuckians, including participants in Job Opportunities and Basic Skills (JOBS), for individuals on welfare, and Job Training Partnership Act (JTPA), for economically disadvantaged persons; incarcerated adults; homeless adults; adults with limited English proficiency and institutionalized adults — impacting Kentucky's families and its workforce throughout the state.

In the spring of 1994, adult education service providers in each county participated in planning to improve the delivery of adult education services in their communities. The integration of services, recruitment and referral of students, utilization of resources, recruitment of volunteers, and the level of need for services were discussed relative to each community. This county planning process called for collaboration with other agencies, such as the Department for Social Insurance, Department for Employment Services, area development districts, Department of Vocational Rehabilitation, and Community Action agencies.

Educational attainment among 442,579 of Kentucky's 2,333,833 adults (those age 25 and older) is less than eight years of formal education. Kentucky ranks 49th in the number of adults completing high school, according to the 1990 U.S. census. Adults not attaining a high school diploma are above 35.4 percent of the total adult population.

Older workers are becoming an increased proportional share of the state's population. Therefore, a majority of workers in the year 2000 are already in the workforce. Many of these workers lack the basic academic, technical, and workplace skills that jobs require. Employers are demanding proficiency in identifying, organizing, planning, and allocating resources; working cooperatively with others; acquiring and using information; understanding complex interrelationships; and working with a variety of technologies.

Unemployment rates in Kentucky are slightly below the national average. The reported unemployment rate for fiscal year 1993-94 is 5.8 percent. Many adults are chronically unemployed and are not included in this rate. Instruction in basic academic skills is needed to prepare many of the unemployed for jobs; others need to complete a high school credential, meet basic job qualifications, or qualify for postsecondary training.

Poverty continues to be a challenge for Kentucky. Of those adults who have not completed high school, 42 percent are at or below 100 percent of the poverty level. Many of those living in poverty are also unemployed or underemployed. Poverty affects both the educational attainment of the adult population and their children; one in four children in Kentucky lives in poverty.

***"Instructional programs enable educationally disadvantaged adult Kentuckians to read, write, communicate, and solve problems at the levels of proficiency necessary to function effectively in the workforce and the community."***
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

Instructional programs enable educationally disadvantaged adult Kentuckians to read, write, communicate, and solve problems at the levels of proficiency necessary to function effectively in the workforce and the community. The quality of programs is continuously improving through the use of program quality indicators. These indicators serve as benchmarks for improvement and measure program effectiveness and efficiency. Eight quality indicators are used to evaluate Kentucky adult education programs; more recently quality indicators have been established for workplace essential skills programs. All quality indicators have been formally approved by the State Board for Adult and Technical Education.

All adult learners are tested in at least one subject area, with additional testing encouraged as appropriate. The lowest test score determines entry level and program placement. An educational plan is developed for each student. Educational gains are reported after a specified number of hours and will be consistent with the goals set forward in the Department's quality indicators. The Department recommends the Test of Adult Basic Education Locator be given to determine the appropriate level of the TABE to be administered for placement purposes. Other assessment instruments are also used including the Adult Basic Learning Examination (ABLE), CASAS, and the SLOSSON. The program is required to use the same instrument for exit testing as is used for entry.

Most programs have only part-time supervision at the local level. Programs usually have a volunteer coordinator and a learning center coordinator where appropriate. Not every program has a Center and many programs are only part-time. Programs are monitored and evaluated by Frankfort based consultants and other staff on a regular basis. Additionally, 20 percent of all adult education programs undergo a peer evaluation annually.

Staff development plans are required for each paid instructional staff member as prescribed in the staff development policy. Volunteer tutors are also required to receive training and work towards Department sponsored tutor certification. Fifteen hours of orientation training are required for all new instructors, new supervisors, and new volunteer coordinators. Twelve hours of approved in-service training is required each year for all paid, full-time instructional staff. At this time, there is no teacher certification in adult education; however, a committee has been established to begin working towards the establishment of a teaching credential for adult educators based on necessary competencies. This activity was set forth as a result of the passage of Senate Bill 195 during the 1994 General Assembly.

It is hard to estimate the cost per student served in an adult education program. This is primarily due to the enormous in-kind contribution received from local providers. A very conservative estimate reported to the U.S. Department of Education is $272 per student. The average number of hours of instruction per student is 76.

At this time the Kentucky Department for Adult Education and Literacy has a cooperative agreement with the Department of Technical Education to provide adult education services in correctional facilities, as well as cooperative agreements with select local mental health boards to provide mental health services for counties which have been awarded grants to serve homeless students.

In fiscal year 1993-94, 10,219 adults earned a Kentucky high school equivalency diploma.

> ***"At the present time, there is no formal assessment of a person's communication skills, and in the case of a student who uses sign language as his/her preferred mode of communication there is no set policy on how to enroll the individual."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

**Services to Persons who are Deaf or Hard of Hearing: Current Status**

At the present time, there is no formal assessment of a person's communication skills, and in the case of a student who uses sign language as his/her preferred mode of communication there is no set policy on how to enroll the individual. Guidance and best practice information has been distributed to programs and complete support and assistance can be obtained by the program provider by calling the Department's ADA Coordinator. The Department assists programs in funding interpreters. At this writing, only discussions have occurred regarding providing teachers who are familiar in education techniques for deaf students. Such specialized services are not available at this writing.

Records document that 1126 students served in fiscal year 93-94 had disabilities. Since the Department for Adult Education and Literacy does not require this information to be reported these figures do not describe accurately the numbers served who have disabilities. It is believed that a majority of disabled students have mild to moderate learning disabilities. At this writing, there is no record of the number of persons served that have a hearing loss. It is known that financial assistance was provided to programs in Warren, Hardin, and Jefferson counties, however. There may have been other instances where interpreters were provided by a program without contacting this Department. Each program under contract with the Department must sign assurances that they are accessible and will provide necessary accommodations in compliance with the Americans with Disabilities Act and other Acts related to nondiscrimination.

Besides the provision of interpreter services for instruction, accommodations can be made for the GED. These accommodations consist only of providing an interpreter for the examinee to receive the test instructions, accommodations set by the American Council on Education in Washington, D.C.

**Services for Persons who are Deaf or Hard of Hearing: Task Force Recommendations**
Project DAWN (Deaf Adults with Need) identified six principles associated with providing adult education services to persons who are deaf or hard of hearing (Kirchner, 1972). Conceptualized by individuals involved in adult learning experiences, the six principles include:

(1) Deaf and hard of hearing persons should utilize existing adult education programs rather than ask for money to set up their own.

(2) Needs assessment is a critical step. The important question is, "What do you need?"

(3) Adult education must be "sold" to deaf adults, and the "selling" should begin when they are children.

(4) Deaf and hard of hearing persons must have goals, a process which may be facilitated by agencies such as Vocational Rehabilitation, community college programs, postsecondary four-year institutions, and social service agencies.

(5) Integration of deaf people into classes of hearing people is usually best, but there are exceptions.

(6) Money must be allocated for interpreters.

Reports from Wichita (Kansas) and Chicago (TRIPOD, 1972) indicate that deaf and hard of hearing people are eager participants in adult education programs. Discontent is reported when adult education program directors decide which classes are offered, rather than soliciting input from the deaf and hard of hearing community. "Why English? Why not cake decorating, knitting, golf? Hearing people take whatever classes they wish, but deaf people must 'better themselves'" (Yowell, 1972). Yowell also reports that lower-achieving deaf adults do not want to join classes with hearing people. They prefer apprenticeship-type courses, including on-the-job training.

That the majority of deaf and hard of hearing persons typically leave school with a fourth grade reading level is a widely accepted concept. This underscores the need for continued education beyond age 21, when students are compelled to leave school. The optimal GED programs offered by the Department for Adult Education and Literacy are a welcome opportunity for deaf and hard of hearing persons to demonstrate competency in a manner other than GED written testing.

It is the recommendation of this Task Force that Kentucky's Department for Adult Education and Literacy begin exploring the techniques and opportunities of involving deaf and hard of hearing persons in its programs. The first step is a thorough needs assessment, followed by policy development, training, community development, and published findings.

*"It is the recommendation of this Task Force that Kentucky's excellent Department for Adult Education and Literacy begin exploring the techniques and opportunities of involving deaf and hard of hearing persons in its programs. The first step is a thorough needs assessment, followed by policy development, training, community development, and published findings."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

> *"Outreach is critical to young deaf children; we need to reach them at the latest when they are two years old."*
> Town Hall Meeting Participant, 1995

## Critical Need

A critical need exists for a statewide Early Intervention/Preschool Services Program which:

- Includes all options for children 0-5 in educational settings.
- Establishes regional services for children and families, which include but are not limited to linguistic, social-emotional, and mental health needs of deaf and hard of hearing children.
- Coordinates statewide educational programming for 0-5 under the Statewide Educational Resource Center on Deafness.
- Strengthens High Risk Registry program and works in collaboration with the Kentucky Birth Surveillance Registry.
- Involves professionals in deafness in screening process and the development of Individual Family Service Plans and Individual Education Plans.
- Provides training and technical assistance to local school districts, other service providers, and families.

## Action Needed

- To locate statewide early intervention/preschool services at the Kentucky School for the Deaf Statewide Educational Resource Center on Deafness so that appropriate services may be developed, coordinated, and expanded in collaboration with local school districts and other agencies.
- To fully develop and maximize the objectives of SKI*HI and *Beginnings* programs.
- To establish and fund four additional preschool sites so that model programs are available in all eight regions of the Commonwealth.

## Possible Implementing Agencies

Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Kentucky Commission on the Deaf and Hard of Hearing
University of Kentucky Interdisciplinary Human Development Institute
Commission for Children with Special Health Care Needs, High Risk Registry
Cabinet for Human Resources Kentucky Early Intervention System
Kentucky Department of Education

## Estimated Cost Analysis

**(Subject to Review and Modification)**

Kentucky School for the Deaf

| | |
|---|---|
| FY 1996-97 | $150,000 |
| FY 1997-98 | $138,000 |
| **Total** | **$288,000** |

## Potential Funding

General Assembly
Kentucky School for the Deaf, Statewide Educational Resource Center on Deafness

## Results/Impact

- This program of Early Intervention/Preschool Services will result in better provision of appropriate services to families and agencies serving deaf and hard of hearing children, 0-5, during critical acquisition periods for language/communication development. This will enable families to maximize the linguistic, educational, social, and emotional competencies of their children.

## Strategic Action

By July 1, 1996, the agencies named in the strategic planning will have implemented the plan to effect a statewide, coordinated program to:

- Provide deaf and hard of hearing children, 0-5, with appropriate services by qualified professionals;
- Provide families of deaf and hard of hearing children, 0-5, with appropriate services enabling them to maximize linguistic, educational, social, and emotional competencies of their children;
- Serve as an informational resource center to provide training and technical assistance to school districts and other agencies involved with deaf and hard of hearing children and their families;
- Track identification and placement of children who are deaf and hard of hearing in order to assist families, agencies, and school districts in providing appropriate placement and resources;
- Involve the expertise of professional educators in the area of deafness.

## Supporting Documentation

### I. Introduction

In 1993 the National Institute of Health (NIH) published a Consensus Statement in which a clear need for improved methods and models for the early identification of hearing impairment in infants and young children was expressed. Approximately one of every 1000 children is born deaf; many more are born with less severe degrees of hearing impairment, while others develop hearing impairment during childhood (NIH, 1993). It is well-known that early childhood hearing loss interferes with the development of verbal language skills and speech, and has the potential to have harmful effects on social, emotional, cognitive, and academic development as well as on vocational and economic potential. Delayed identification and management of severe to profound hearing impairment may also impede the child's ability to adapt to life in a hearing world or in the deaf community (NIH, 1993).

> ***"It is well-known that early childhood hearing loss interferes with the development of verbal language skills and speech, and has the potential to have harmful effects on social, emotional, cognitive and academic development as well as on vocational and economic potential."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

The literature is replete with empirical research documenting the need for early intervention with deaf and hard of hearing children. As early as 1978, Horton wrote, "Intervention with deaf youngsters before the age of two resulted in adaptations to normal classrooms, whereas deaf children who were not in intervention programs until the age of three did not make these adaptations." The most important period for language and speech development is generally regarded as the first three years of life. Failure to intervene during this critical time period for language and speech learning easily can result in lifelong struggles to compensate for the lost opportunities.

### II. How Early is Early Enough?

The consensus of all professionals is that the earlier a hearing loss is identified, the better the chances for intervention and remediation. The Joint Committee of Infant Hearing in its 1994 position statement states, "All infants with hearing loss should be identified before three months of age and receive intervention by six months of age" (ASHA December 1994). Infants are active learners from birth, and infants with any kind of disability generally need extra help in developing skills needed to learn and grow.

At the Clinical Research Center for Communicative Disorders, Bronx, New York, babies are recruited as soon as they are measurable; at 42 weeks post conception, the first diagnostic tests are administered (Goldberg, 1991). This state of the art center for identifying and assessing children has a staff composed of an audiologist, developmental psychologist, experimental psychologist, neuroscientist, neurologist, and electrophysiologist. The support staff includes a speech-language pathologist, otolaryngologist, two pediatric nurse practitioners, a registered nurse, and a social worker. In short, the center has all the participants necessary for a truly multidisciplinary approach (Goldberg, 1991).

Other centers involved in very early identification programs are found in a number of other states. Described in the literature are programs in Florida and California, both of which have as a philosophy, to begin as soon as possible. "On early intervention - the earlier, the better. It prevents a small problem from becoming a big one and new problems from developing" (Goldberg, 1991).

### III. Trends in the Study of Language Acquisition and Communication Assessment

Although young children do not typically produce their first words until the second year of life, research findings are clear that by the end of their first year, children know a great deal about the language spoken around them. "Each month that passes in the child's first year could well represent a possible opportunity to remove or apply some external factor, or to foster some compensatory skill" (Leonard, 1991).

> ***"Each month that passes in the child's first year could well represent a possible opportunity to remove or apply some external factor, or to foster some compensatory skill."***
> **Leonard, 1991**

This research is supplemented by that of Rossetti (1991) who wrote that "Delayed or early language milestones have been postulated as an extremely sensitive indicator of developmental disability; in fact, language has been shown to be the best predictor of future cognition in young children." Rossetti reported, however, that as of 1991, only 28 percent of children's developmental delays are detected prior to the age of five years and physicians identify a mere 15-25 percent of developmental pathology. Perhaps no clinical activity is as challenging as that of identifying and assessing communication in infants and toddlers. Successful assessment must include preverbal and verbal aspects of functioning.

### IV. Parent-Infant Programs

(1) What kind of program?

A variety of parent-infant programs are available for the parents of deaf and hard of hearing children. The American Society for Deaf Children, however, recommends parent-infant programs that are specifically for families with deaf and severely hard of hearing children, not mainstream programs. The benefits of these specialized programs are that they:

- enable parents to provide an environment that encourages natural and open communication,
- offer specialized information and assistance from qualified staff, and
- provide the opportunity to share their experience with other parents like themselves, including home visiting programs.

(2) Communication Characteristics of Successful Programs

The American Society for Deaf Children (ASDC) reports that deaf children need natural communication, language, and social environment. Assessment by necessity for children with a significant hearing loss will have to be visual. The spectrum of language/communication modes, from sign language to speech and audition, will also need to be addressed.

(3) Information and Exposure

Without a doubt families need information about community resources, educational options, and laws that guarantee their children's rights. Furthermore, parents need to know about language acquisition, sign language, interpreters, deaf culture, amplification, specialized technology, and other factors that will effect their child and the family. Toward this end, families will benefit from meeting professionals who can provide information and who are both deaf and hearing.

(4) Support Groups

The most effective parent-infant programs sponsor a variety of support groups for the simple reason that parents need to share their experiences with each other and have a forum for their successes and concerns. The opportunity to talk with deaf and hard of hearing adults also helps parents better understand and meet their child's needs.

In an effort to insure that parents have available every option the ASDC publishes a checklist which parents may use to assess various intervention programs.

**V. Task Force Recommendation**

The Task Force recommends a statewide Early Intervention/Preschool Services program for deaf and hard of hearing children, 0-5 years of age, be located at the Kentucky School for the Deaf Statewide Educational Resource Center on Deafness. Not only is this program comprehensive, it is also designed to be a seamless and unified collaborative effort, free of philosophical and methodological biases in regard to language and communication use.

The program will consist of a tracking component following identification of children with hearing loss and services they receive, the use of the nationally known SKI*HI model for home-based services, a model preschool component, and training and referral services.

Historically, numerous separate agencies throughout Kentucky have resulted in fragmented identification, referral, follow-up, support, and program service delivery. The success of service to the families of deaf and hard of hearing children in rural areas is inconclusive, sometimes successful, sometimes an outright failure. This project marks the first time that a collaborative effort will attempt to identify gaps and bring together expertise in different areas.

Components of this project began in August 1995. It is the strong recommendation of this Task Force that every effort be made to ensure continued adequate funding for this very necessary project.

> ***"The Task Force recommends a statewide Early Intervention/ Preschool Services program for deaf and hard of hearing children 0-5 years of age. Not only is this program comprehensive, it is also designed to be a seamless and unified collaborative effort, free of philosophical and methodological biases in regard to language and communication use."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

BEST COPY AVAILABLE

# STRATEGIC PLANNING

## Educational Services — Program Standards for K-12 Services

> *"Because deafness is a low incidence disability, there is not widespread understanding of its educational implications, even among special educators. This lack of knowledge and skills in our education system contributes to the already substantial barriers to deaf students in receiving appropriate educational services."*
>
> **Federal Policy Guidelines: Deaf Students Educational Services, OSERS, US Department of Education, Federal Register October 30, 1992**

### Critical Need

- Develop and implement appropriate regulations which will result in better quality and more uniform program delivery and which will serve to ensure appropriate programming, including program and testing modification, appropriate placement, access to appropriate language and communication skills, appropriate processes for staff supervision and professional growth, and qualified educational staff (including interpreters and appropriate deaf and hard of hearing role models).
- Develop and implement an ongoing, articulated database which will specifically identify children by hearing loss and location, and teachers by certification so as to ensure that all deaf and hard of hearing students are provided appropriate educational programs.

### Action Needed

- Develop and promulgate appropriate regulations relative to program standards for educational programs for deaf and hard of hearing children and youth.
- Develop and implement a database system for annual reporting, data analysis on deaf and hard of hearing students, and projection of future needs.
- Conduct, over the next five years, monitoring and assistance to local special education programs to assure appropriate programming for deaf and hard of hearing students. Ensure appropriate and full implementation of existing, and future, regulations.

### Possible Implementing Agencies

The coordinating/collaborative agencies involved in the implementation of this program include:
Kentucky Department of Education
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Local Education Agencies (LEAs)
Kentucky Commission on the Deaf and Hard of Hearing

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| FY 96-97 | |
| Monitoring/Assistance to LEAs | $75,000 |
| Database and Annual Report: | $25,000 |
| FY 97-98 | |
| Monitoring/Assistance to LEAs | $75,000 |
| **Total:** | **$175,000** |

### Potential Funding

General Assembly
Kentucky Department of Education
Local Education Agencies
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness

### Results/Impact

- Monitoring of and increased technical assistance to local school districts will result in deaf and hard of hearing children being assured a more complete and appropriate educational programming.

**(continued on next page)**

### Results/Impact

- As a result of program standards as developed and implemented, local education agencies will have a "blueprint" to ensure that their programs do provide an equal and appropriate education for deaf and hard of hearing students.
- The development and establishment of a database will allow the Kentucky Department of Education, Kentucky School for the Deaf, and local education agencies to effectively monitor program delivery, identify specific program needs, provide much needed trend data, and provide information on which to base technical assistance.

### Strategic Action

- Monitoring of and provision of technical assistance to local special education programs will include:
  (1) a site team visit to selected programs;
  (2) a survey of staff, parents, and students;
  (3) review of student records;
  (4) interviews where appropriate;
  (5) written report of findings, including a Corrective Action Plan (CAP) and suggestions for improvement; and
  (6) ongoing follow-up and technical assistance.

The steps necessary to implement the monitoring and technical assistance component include:
(1) hiring one full time contractor to assist with monitoring and technical assistance; and
(2) establishing collaborative efforts between the contractor and various agencies, such as the KDE, KSD, and KCDHH.

- Kentucky Department of Education, in collaboration with consumers, the KCDHH, the Kentucky School for the Deaf and the local school districts, shall develop and promulgate appropriate administrative regulations relative to program standards for educational programs for deaf and hard of hearing children and youth.

- KDE, in collaboration with the KSD Statewide Educational Resource Center, shall establish a database system. Adequate monitoring and assistance to LEAs is dependent on a reliable data collection and reporting system. The steps involved in this component include:
  (1) develop/purchase database systems to gather and analyze data;
  (2) train existing staff to use the system;
  (3) redesign statewide data gathering instrument to ensure incorporation of appropriate data;
  (4) articulate this database, to the extent possible, with existing databases at KDE and Cabinet for Human Resources; and
  (5) generate annual statewide report.

> ***". . . placement decisions have been so detrimental that the resulting education was not appropriate to the child's needs..."***
> **National Commission on Education of the Deaf, 1988**

## Supporting Documentation

### Introduction

Recognizing the need for guidelines regarding the education of deaf and hard of hearing students, the National Association of State Directors of Special Education released its document, Deaf and Hard of Hearing Educational Service Guidelines, in 1994. Prepared for the specific purpose of providing assistance to education agencies, educators, service providers, and parents, the Guidelines describe program elements and features of appropriate services for individual students who are deaf or hard of hearing. In considering the range of options available, comprehensiveness and quality are stressed over value judgments (Guidelines, 1994). The Guidelines were the collaborative effort of representatives from ten national organizations serving deaf and hard of hearing individuals with a 72-member Task Force. It is this document that serves as a 'road map' for the recommendations of this section and the rationale which follows.

The first chapter of the Guidelines documented the basic foundation for educating students who are deaf or hard of hearing. Issues identified as being basic for any program of services included the importance of having knowledge about:

- unique educational needs of deaf and hard of hearing students;
- basic rights of deaf and hard of hearing students;
- specific cultural, and linguistic needs, especially of those who are deaf;
- factors in educating students who are hard of hearing;
- specific needs of children with multiple disabilities;
- need for environmental access and access to technology; and
- population demographics and the implications of services to students from diverse ethnic, linguistic, and racial backgrounds.

> ***"The present status of education for persons who are deaf in the United States is unsatisfactory. Unacceptably so. This is the primary and inescapable conclusion...."***
> **National Commission on Education of the Deaf., 1988**

The remaining chapters of the Guidelines offer: a recommended framework for services; the process of identifying and assessing individual needs; the concepts which must be addressed after assessment in reviewing program options and choosing appropriate placement; and the characteristics of personnel who will work to meet the individual needs of children once appropriate placement is identified.

That these Guidelines have been used by numerous agencies in various states to develop strategies and plans is no surprise. Concern about "the inadequate academic skills of deaf students, who often lag several years behind their hearing peers in reading and language skills despite normal or high intelligence" has accentuated demand for program standards which will help school districts address those problems related to: (a) appropriate educational assessment; (b) staff development; (c) quality assurance of educational interpreters; (d) social isolation of students who are deaf and hard of hearing in mainstreamed placements; (e) teachers' needs for technical assistance; and (f) concerns related to the least restrictive educational placement as contrasted with the most appropriate educational placement for students who are deaf and hard of hearing (MCHI Legislative Report, 1991).

The Task Force recommends that the Kentucky Department of Education utilize these national guidelines in drafting Kentucky-specific program standards and regulations.

Currently, Kentucky regulations for students who are deaf and hard of hearing are written so that they comply with federal and state legislation. Implementation however, is problematic. Even well-intended IEPs and placement decisions often are made without the appropriate expertise or support services.

BEST COPY AVAILABLE

### Individual Education Plans, the Least Restrictive Environment and Placement Options

Public Law 99-457 mandates that children with disabilities have the opportunity to be educated with non-disabled children. In 1988, the Council on Education of the Deaf (COED) Task Force discovered that school districts and state departments of education interpreted PL 99-457 to mean that the least restrictive environment is the facility closest to the child's home, and that the placements not in keeping with the "geographic consideration" are "more restrictive" placements. The specific academic needs of the child are apparently safeguarded by the Individual Education Plan (IEP). The irony of this situation is that the IEP is to determine the educational placement, but more often than not, the placement is already determined (the "least restrictive environment"). As such the placement guides the IEP, instead of the IEP driving the placement.

A second concern relative to PL 99-457 and the IEP process is the IEPs are frequently developed without any experts on deafness, or professionals from the field on deaf education, serving on the IEP multidisciplinary team. Experts on deafness are not available to monitor the IEPs of children in mainstreamed programs. A wide range of support services are usually not incorporated into the IEPs of children in mainstreamed programs. Standards for educational interpreters are virtually nonexistent. And finally, quality education for the deaf and hard of hearing students is measured by programmatic components rather than student outcome (MCHI Legislative Report, 1991).

> ***"The IEP/placement committee should consider the following factors: communication access; child's preferred language or mode of communication; social and emotional development; degree of hearing loss; opportunities for instruction through direct communication; interpreter quality and availability; availability of peers who are deaf or hard of hearing; academic level; qualifications and communication competencies of personnel; access to support services; cultural and linguistic needs; availability of technology; parental choice and child's placement preference; language abilities of the child; availability and accessibility to extracurricular activities."***
>
> **Deaf and Hard of Hearing Students Educational Service Guidelines, 1994**

Placement options for students might include: residential school, special day school, day classes, resource rooms, mainstream settings, regular classroom, hospital settings, or home instruction. The least restrictive environment should be that which enables each child to reach academic, social, and emotional potential, free of communication barriers. Communication accessibility must be of paramount importance when making placement decisions (MCHI Legislative Report, 1991).

### Monitoring and Provision of Technical Assistance

In order to validate the process already in the laws, the Task Force Education Work Group recommended that local education agencies be provided assistance where needed to assure appropriate educational programming for Kentucky's population of deaf and hard of hearing children. This will enable the Kentucky Department of Education (KDE) to ensure higher quality and more uniform services and program standards provided to deaf and hard of hearing children.

The Task Force Members recognize that the KDE is expanding upon its existing capacity to serve deaf and hard of hearing students by supporting KSD's budget request for a Statewide Educational Resource Center on Deafness, including four staff positions to serve as educational consultants, and housed at KDE's regional resource centers. They will assist LEAs in the determination and provision of appropriate support services for deaf and hard of hearing students and families.

To supplement these current efforts, the Task Force Members recommend an approach to adequately address educational program standards for students who are deaf and hard of hearing:

(1) develop appropriate regulations dealing with program standards;
(2) monitoring and provision of technical assistance to local school districts; and
(3) develop and implement ongoing, articulated database.

The Task Force Members emphasize (1) increasing Kentucky's existing capacity to serve children who are deaf and hard of hearing, and (2) focusing existing resources more effectively. Through the collaborative efforts of KDE, KSD, KCDHH, Vocational Rehabilitation's School-to-Work transition team, and consumer organizations, such as the Kentucky Association of the Deaf and the KSD Alumni Association, in implementing the three-tiered approach deaf and hard of hearing children will be the recipients of better quality and more uniform educational programs.

Monitoring will enable KDE to accurately assess the educational options and support services being provided to deaf and hard of hearing students. The results of the monitoring will then lead to development of and implementation of a Corrective Action plan. KDE will provide technical assistance, utilizing the regulations, guidelines, and best practices document developed in relation to the education of deaf and hard of hearing students.

To effectively carry out the monitoring and provision of technical assistance, the KDE will hire one full-time contractor and establish collaborative efforts between the contractor and various agencies such as the KDE, KSD, KCDHH, and local school districts.

Monitoring and provision of technical assistance to local school districts will include:

(1) a site team visit to selected programs;
(2) a survey of staff, parents, and students;
(3) a review of student records;
(4) interviews where appropriate;
(5) a written report of findings, including a Corrective Action Plan (CAP) and suggestions for improvement; and
(6) ongoing follow-up and technical assistance.

However, before KDE can provide effective technical assistance, program standards and regulations must be developed.

> ***". . . that the need for and the right to a communicationally accessible education is beyond argument — it is fair, undeniable, and fundamental."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

**Deaf and Hard of Hearing Child's Educational Bill of Rights**

Issues discussed earlier, such as IEPs, placement options, appropriate support services, and LRE, have led numerous states to develop what is called The Deaf and Hard of Hearing Child's Educational Bill of Rights. Already enacted in several states (including California, South Dakota, Virginia, and Louisiana), the Bill of Rights is viewed as a blue print, a crucial first step. Passing legislation is important, but even more important is working to ensure that the spirit of the law is furthered, that there is no doubt in anyone's mind that the need for and the right to a communicationally accessible education is beyond argument - it is fair, undeniable, and fundamental. As such it is also at the heart of any law, policy, or reform movement.

Everything recommended in this Task Force Report follows the premise that the passage of a Deaf and Hard of Hearing Child's Educational Bill of Rights is paramount; without this basic document as a blueprint, the implementation any program standards will fall short of providing quality education for deaf and hard of hearing children.

What is included in such an Educational Bill of Rights?

The Deaf and Hard of Hearing Child's Educational Bill of Rights creates no new legal mandates but expresses that the language development, language proficient teachers, a sufficient number of language peers, and a determination of the least restrictive environment (LRE) are fundamental to the well-being of deaf and hard of hearing children. It is intended that the IEP team shall specifically discuss the language/communication needs of the students, including:

(1) the student's primary language and communication mode, which may include both or either spoken language and sign language, or a combination of the two;
(2) the availability of a sufficient number of age, cognitive, and language peers; and
(3) appropriate, direct, and ongoing language access to special education teachers and other specialists who are proficient in the student's primary language and communication mode.

It is the recommendation of this Task Force that the Kentucky Department of Education use the input of consumer and professional organizations, in conjunction with the Deaf and Hard of Hearing Educational Service Guidelines, to develop appropriate regulations, guidelines, and best practices documents necessary for the LEAs to effectively implement uniform and quality program standards.

Given these guidelines, it will no longer be acceptable for school districts to claim they have no duty to consider language and communication access, peer availability, teacher proficiency, and the relationship between communication and the LRE (Siegel, 1995).

**Database Management**

> ***"Education agencies should ensure that their approaches for educating students who are deaf or hard of hearing are continually improved based on assessment data from their students and graduates. Follow-up studies . . . should identify areas where outcomes can be improved and curriculum and instruction modified to help future students achieve greater post-school success. Interactions between graduates and educators is a helpful tool for determining areas requiring more focused attention."***
> **Deaf and Hard of Hearing Students Educational Service Guidelines, 1994**

In today's world of exploding information, it is absolutely essential that the KDE be able to use effectively information gathered from the LEAs to accurately assess trend data, identify specific program needs, and assist LEAs in meeting those needs. An ongoing, articulated database, in conjunction with the monitoring and the Deaf and Hard of Hearing Child's Educational Bill of Rights, will enable KDE to:

- accurately assess the existing state of education for deaf and hard of hearing children;
- determine specific program needs ;
- adequately monitor and assist LEAs; and
- provide trend data.

For example, such a database could include information on where teachers certified to teach the deaf and hard of hearing are located. If one LEA identifies a child with a hearing loss that needs an itinerant teacher, KDE would be able to locate all such teachers, if any, within a 60 mile radius of that child's home. This would assist the LEA in being able to provide the parents with an accurate continuum of options.

This Task Force goes beyond the drafting of a law and recommends further critical steps to ensure effective implementation of quality and uniform program standards:

- better monitoring and improved assistance to LEAs relative to services to deaf and hard of hearing children;
- better drafted and better implemented regulations;
- guidelines and best practices document;
- Deaf and Hard of Hearing Child's Educational Bill of Rights; and
- the development and implementation of an articulated database.

The Task Force recognizes the intricate relationship among these components; the implementation of the each component will reinforce each of the other components, and will result in a more complete, better-designed and better-implemented service delivery system for deaf and hard of hearing students in Kentucky.

The Kentucky Department of Education must take charge and determine that the laws, regulations, and best practices documents will be followed and LEAs will be held accountable for the choices they make and the ways in which deaf and hard of hearing students are served. Only then, will children who are deaf and hard of hearing have equality, in communication access, educational expectations, achievement outcome, and full involvement in the educational experience.

## Educational Services — Statewide Resource Center on Deafness

> *". . . educational partnership model, by nature of collaboration, efficient use of available expertise and resources, and sharing information about best practices, will have a greater capacity to create world class educational and training opportunities."*
> **Dr. Harvey Corson**
> **SERID Conference, 1994**

### Critical Need

- A critical need exists to have a comprehensive system or array of educational services available to deaf and hard of hearing students in the Commonwealth. These services would include, but not be limited to, appropriate educational program options available to students and families; appropriately trained personnel to provide specialized services; appropriate and specially designed instructional materials; appropriate support services to be provided by qualified and trained personnel; accessible facilities; appropriate and available information/resources; and assessments/evaluations by appropriate and trained assessment personnel.

### Action Needed

- Establish a Statewide Educational Resource Center on Deafness at the Kentucky School for the Deaf to provide educational resource services and technical assistance to students, families, public and private schools, and other responsible agencies in the following areas:
  a) Assessment services
  b) Consultation services
  c) Curriculum
  d) Language and communication (including speech and auditory training, sign language and interpreting services)
  e) Classroom management
  f) Specialized equipment and materials
  g) Assistive devices (hearing aids, telecommunications devices)
  h) Professional development
  i) Program development and implementation
  j) Regional/satellite programming
  k) Parent education and support network

This proposal will be facilitated by forming partnerships and networking with existing agencies and regional centers.

### Possible Implementing Agencies

Kentucky School for the Deaf for educational resource services/technical assistance
Cabinet for Human Resources for mental health and family assistance
Kentucky Department of Education for technical assistance and discretionary funding
Eastern Kentucky University
    Deaf Education Teacher Training Program for in-service
    Interpreter Training Program for in-service
Local School Districts for networking

### Estimated Cost Analysis

**(Subject to Review and Modification)**

| | |
|---|---|
| FY 1996- 97 | $100,000 |
| FY 1997-98 | $200,000 |
| **TOTAL** | **$300,000** |

### Potential Funding

General Assembly
Kentucky Department of Education
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness

### Results/Impact

- The Commonwealth of Kentucky will be able to better serve the educational needs of low incidence population of deaf and hard of hearing children and youth. The Statewide Educational Resource Center on Deafness at the Kentucky School for the Deaf, working in partnership with students, families, local school districts, Regional Service Centers, and other public and private agencies is the proposed mechanism to effect the statewide delivery of needed educational resource services and technical assistance.

## Strategic Action

- The Task Force recommends that legislation be enacted which will amend KRS 167.015 to designate the Kentucky School for the Deaf as a Statewide Educational Resource Center on Deafness and provide funding to support this initiative:

> Because of the low incidence of deafness, the Kentucky School for the Deaf shall serve as a Statewide Educational Resource Center on Deafness to provide technical assistance and resource services to local school districts, parents, other agencies/organizations serving deaf and hard of hearing children and youth. This may include, but not be limited to: assessment services; consultation services on curriculum; language and communication; classroom management; specialized equipment and materials including assistive devices such as telecommunications devices for the deaf; professional development; and program development and implementation. The KSD may enter collaborative agreements or arrangements with local school districts and/or other agencies to provide for regional/satellite programs for deaf and hard of hearing children and youth in different areas around the state.

## Supporting Documentation

### I. Introduction

*". . . conceptual framework for availability of services when schools for the deaf, state education agencies, and local education agencies work in partnership."*
**The Special School of the Future/Educational Resource Center on Deafness Project Kellogg Foundation/Gallaudet University, 1985**

As has been indicated in other areas of this Task Force report, the education of deaf and hard of hearing students has changed drastically in the past three decades. This is primarily the result of legislation, especially Public Law 94-142, which guaranteed children the right to a free, appropriate, public education. As a result of the Individuals with Disabilities Act (IDEA), there was a tremendous growth in programs for deaf and hard of hearing children in the public school arena (Corson, 1987). This has resulted in a nationwide shift in enrollment from residential schools for the deaf to public school settings.

What this trend has not done, however, is change the status of the residential schools as centers of expertise. Bailey (1989) characterizes the residential school environment as similar to that of a small college campus. First, they amass a large group of specialized professionals in one locale, allowing for quick, professional consultation. This critical mass allows for a larger number of children to be served and for the fostering of professional growth and personal support. Second, these schools are generally known to have expensive equipment tailored to meet the unique needs of their deaf and hard of hearing population. Bailey's research focused on the existence of and the need for specific resources, both human and material, in residential schools and public day classes. Her findings indicated that human resources differed significantly in residential schools and public day schools, and those educational staff who can work and communicate with deaf and hard of hearing individuals including sign language:

- audiologist,
- guidance counselor,
- speech therapist,
- librarian,
- psychologist,
- interpreters,
- a computer specialist,
- professionals who are deaf or hard of hearing,
- paraprofessionals who are deaf or hard of hearing, and
- a staffed media department.

In every instance, Bailey reported that teachers of residential schools had significantly more access to these human resources than did teachers of public day schools. In public day school, teachers reported needing especially additional "support personnel" (counselors, speech

110

8

therapists, audiologists) followed by "support personnel who can sign." Bailey concluded that the lack of professionals who can sign puts a tremendous burden on the classroom teachers in public day school, who must either assume these responsibilities to the best of their abilities, or do without.

Of special concern is the need for deaf and hard of hearing role models. The literature is replete with the importance of deaf and hard of hearing teachers (Bailey, 1989). While the significance of deaf and hard of hearing teachers has been documented, approximately 12.2 percent are employed in public day schools programs (American Annals of the Deaf, 1988). The percentage is even more dismal in Kentucky; as of 1995, only two deaf and hard of hearing persons have been identified as teaching in the Commonwealth's public schools outside of residential school settings.

Bailey's research showed that in the area of material resources, teachers in both residential schools and public day school classes for deaf and hard of hearing students indicated especially the need for "curricula/materials" designed for computers, computer software, and televisions and video cassette recorders.

In summarizing her findings, Bailey wrote: "It is alarming that teachers from public school settings, which educate the majority of hearing-impaired students, indicate having the least resources of programs serving hearing-impaired students . . . . It is vital to the future of all hearing-impaired children that all programs serving them take a serious look at their resources and the opportunity they can offer. If education is to keep up with the rapidly changing society we live in and successfully prepare students to meet these challenges, it must be determined what resources, both human and material, are needed to obtain them."

*". . . changing roles of the residential school for the deaf as (1) a comprehensive educational center, (2) a child study/assessment services center, (3) learning resources center, (4) demonstration school, and (5) community/continuing education center. . . "*
**Dr. Barry Griffing**
**Associate Superintendent**
**California Department of Education, 1977**

The Special School of the Future/Educational Resource Center on Deafness Project, funded by the Kellogg Foundation, at Gallaudet University, has already developed the conceptual framework for the availability of services when schools for the deaf, state education agencies, and local education agencies work in partnership. Those programs include assessment, community education, family education, information and referral services, sign language and interpreting services, specialized programs and services, student education and development, and training and technical assistance. The concept exists; what remains is the implementation of partnership.

### Task Force Recommendations

It is specific recommendation of this Task Force that the Kentucky School for the Deaf be designated as a Statewide Educational Resource Center on Deafness, providing both human and material resources, which will benefit all deaf and hard of hearing students in the Commonwealth. Designating the Kentucky School for the Deaf as a Statewide Educational Resource Center on Deafness will enable the utilization of expertise based on a long history of providing statewide educational and resource services.

The rationale for this recommendation has a number of bases:

(1) In 1988, the National Commission on the Education of the Deaf offered a recommendation that the Department of Education should provide guidelines and technical assistance to local education agencies and parents to ensure that an individualized educational program for a child who is deaf or hard of hearing is developed, and that the Department of Education should refocus the least restrictive environment by emphasizing appropriateness over the least restrictive environment. Research by Moores (1991) supported the Commission's recommendation.

By 1992, approximately 82 percent of residential schools indicated that they were providing outreach services (Delgado). Twenty-six schools out of 50 which were surveyed had designated space for an Educational Resource Center on Deafness, using a variety of terms such as Educational Resource Center, Outreach Service, and Evaluation and Outreach Department. Twelve of those schools reported that they were operating under state statutory mandates, and

13 reported interagency agreements and/or memoranda of understanding. Delgado's report indicated that the most common types of outreach services provided by state supported residential schools for the deaf include assessment, technical assistance, information and referral, various forms of training, and family education.

(2) In a report of the Kentucky School for the Deaf Planning Charrette sponsored by the Kentucky Department of Education (1975), several recommendations supporting the concept of a statewide educational resource center were made. Of special note is the recommendation for a statewide educational tracking system of programs and services for all deaf and hard of hearing children in Kentucky, which would become a systematic form of recordkeeping easily interpreted by educational personnel, parents, and students. Another related recommendation followed, encouraging linkages with outside agencies, both public and private, to aid in the provision of adequate services to all deaf and hard of hearing children in the state. The report specifically noted that "social work, audiological services, parent education, medical services, hearing aid maintenance, rehabilitation, specialized educational services, transportation, speech therapy, communication, in-service training and vocational education" must be correlated with the educational goals of each student, necessitating appropriate and sufficient staffing in the Kentucky School for the Deaf, in order to maintain linkages with and provide assistance to universities, hospitals, other bureaus within the Kentucky Department of Education, local education agencies, public and private educational programs for the deaf, professional organizations, parents, and deaf adult organizations, in order to insure that all services for deaf and hard of hearing children will work to their advantage.

***"The Kentucky School for the Deaf... should serve as the coordinating and consulting agency for all levels of educational programs for the hearing impaired."***
**KSD Charrette Report: Directions for the Future**
**Kentucky Department of Education, 1975**

(3) The Kentucky School for the Deaf is a depository of expertise and experience in educating deaf and hard of hearing children. KSD has a critical mass of students, trained and qualified professionals, and deaf and hard of hearing role models. KSD is ready to function as a center-based school, developing and facilitating support systems and interdisciplinary competencies in deafness - all of which are difficult to replicate in local education agencies.

In 1994, Corson proposed a partnership among schools for the deaf, state educational agencies, and local education agencies. Corson drew his framework from a 1977 proposal by Barry Griffing, then associate superintendent of the California State Department of Education, for state residential schools to be catchment areas cooperating with state and local education agencies. Dr. Griffing had identified the major thrusts of the changing roles of the residential school as (1) a comprehensive education center, (2) a child study/ assessment services center, (3) learning resources center, (4) demonstration school, and (5) community/continuing education center.

In this era when the national debate is focused on appropriateness and quality of education programming and support services, for low incidence populations (of which deaf and hard of hearing persons are one), the educational partnership model, by nature of collaboration, efficient use of available expertise and resources, and sharing information about best practices, will have a greater capacity to create world-class educational and training opportunities (Corson, 1994).

(4) The 1983 Legislative Research Commission Report No. 205, Role and Mission of the Kentucky School for the Blind and the Kentucky School for the Deaf, recommended that: "The KSB and the KSD should be officially designated as the state's primary resource centers for the education of the sensory impaired and should be allotted the necessary funding to improve their diagnostic, evaluative, consultative, and instructional services to local school districts, parents, higher education institutions, and sensory impaired adults."

(5) In 1990, Kentucky adopted the Kentucky Educational Reform Act (KERA), a bold plan to improve public education and provide a major funding commitment to support new educational initiatives. This led to the establishment of eight Regional Service Centers to enable school districts and schools to implement KERA programs. The specific functions include professional development of employees, a KERA implementation plan, technical assistance to school districts, program design and development, and capacity building.

*"The Kentucky School for the Blind and the Kentucky School for the Deaf should be officially designated as the state's primary resource centers...."*

**Kentucky Legislative Research Commission Report, 1983**

The Kentucky School for the Deaf is ready and able to implement a parallel model of the KERA statewide Regional Service Centers, but also to provide education resource and technical assistance services which will assure equal educational opportunities to Kentucky's deaf and hard of hearing population. The proposal is for funding which will allow for the initial employment in FY 1996-97 of two educational consultants to serve eastern and western Kentucky. This will be followed in FY 1997-98 with the employment of two additional consultants, to serve the northern and southern areas of the Commonwealth. By 1998-2000, consultants will be in place in each of the eight regions supplemented by a Statewide Coordinator and an administrative assistant.

### Critical Need

- The quantity and quality of educational interpreters at all levels of the educational process throughout Kentucky must be increased and improved. The National Association of the Deaf and the Registry of Interpreters for the Deaf jointly concede that the nationwide lack of qualified interpreters has reached crisis proportions. There is no doubt that this crisis is magnified in Kentucky.

> *"Schools should provide interpreters who are trained to meet the needs of individual students."*
> **Town Hall Meeting Participant, 1995**

### Action Needed

- Provide funding for ongoing training of educational interpreters in multiple locations around Kentucky so that the pool of available, qualified interpreters to serve the children in Kentucky's public schools is increased.
- By July 2000, via collaborative efforts of the Kentucky Department of Education, Education Professional Standards Board, the Kentucky Commission on the Deaf and Hard of Hearing, Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness, and the Eastern Kentucky University Interpreter Training Program prepare a minimum of 20 additional educational interpreters who will meet appropriate qualifications, standards, and certification for working in educational settings.
- Kentucky Department of Education shall develop and promulgate appropriate regulations and standards related to educational interpreters and certification.

### Possible Implementing Agencies

Kentucky Department of Education
Education Professional Standards Board
Kentucky Commission on the Deaf and Hard of Hearing
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Eastern Kentucky University (EKU) Interpreter Training Program
Kentucky Registry of Interpreters for the Deaf
Local Education Agencies

### Estimated Cost Analysis

Pending approval of KDE's budget, KDE will provide $60,000 to initiate this effort. Additional funding shall be sought from local, state, federal and private sources. Collaborative efforts shall undertake this endeavor.

| | |
|---|---|
| FY 1996-97 | $60,000 |
| FY 1997-98 | $60,000 |

### Potential Funding

General Assembly
Kentucky Department of Education

### Results/Impact

- As a result of this action, meeting the needs of deaf and hard of hearing children in the public schools for qualified and certified interpreters will begin. As articulated in another section, Program Standards, has at its heart equal opportunity for communication access. The impact of this action will be to increase that communication access to every area of the educational environment.

## Strategic Action

- Secure such funding for the statewide interpreter training program at EKU.
- Providing funding for short term, intensive statewide training via workshops and seminars;
- Expanding the EKU Interpreter Training Program to provide a full range of training in language/communication modes used by deaf and hard of hearing people through long term and short term training, especially for educational interpreting at different academic levels in the public schools.
- Providing training for otherwise qualified individuals who are "fluent signers" so that they may enter the interpreting profession.
- Providing funding such as scholarships/tuition assistance to otherwise qualified individuals to become certified interpreters.
- Providing ongoing training on how to use educational interpreters for consumers, especially teachers and deaf, hard of hearing, and hearing students in the public school system.
- Providing ongoing internship and mentorship opportunities for interpreters or individuals who are training to become interpreters.

## Supporting Documentation

### I. Introduction

Educational interpreting is one of the fastest growing areas within the profession of interpreting. A relatively recent development, educational interpreting is a product of and enabling factor in the mainstreaming movement for deaf students that began nationally at the postsecondary level in the 1960's and gained impetus through Section 504 of the Vocational Rehabilitation Act of 1973. Public Law 94-142, the Education of All Handicapped Children Act which is now known as the Individuals with Disabilities Education Act (IDEA), extended the mainstreaming movement to include the education of deaf and hard of hearing children at the elementary and secondary levels (Stuckless, et.al., 1989). These laws, and the regulations implementing them, have mandated a free, appropriate public education specially designed to meet the child's needs, supported by related services, in the least restrictive environment possible. In addition, the rights of individuals with disabilities were significantly strengthened by the Americans with Disabilities Act (ADA) of 1990. These laws have expanded the nation's commitment to the full participation, independent living, and economic self-sufficiency of people with disabilities.

> ***"Putting these students in the mainstream classes without an interpreter is a direct violation of the students' IEPs which state that they need the support services of an interpreter in order to access all information."***
> **High School Teacher, 1995**

The right to a free and appropriate education is an outgrowth of all this legislation and accompanying regulations. The needs of the individual child determine what an appropriate education is. For many deaf and hard of hearing children, interpreters are part of the support services which must be planned to ensure an appropriate education. Instruction, curriculum, and other activities that promote learning must be adequately communicated to assure equal access to students who are deaf or hard of hearing. This access to language/communication is at the heart of every single Deaf and Hard of Hearing Child's Educational Bill of Rights that has been written and passed in several states.

Educational interpreting is the support service which allows the student equal access to instruction and the overall school experience. This support service provides students, their parents, hearing children, faculty, and other school personnel with the communication bridge necessary to allow successful participation in the educational and social activities of the school (New York State Guidelines, Fall 1993).

As for the number of deaf and hard of hearing children in mainstream schools in the nation, general estimates run from 70 to 75 percent of deaf and hard of hearing children. There are no reliable statistics available nationally on the number of students who receive interpreting services or on the number of interpreters providing these services. Research by Gustason (1985) reported that approximately 37 percent of interpreter training program graduates became employed as interpreters in public elementary and secondary schools. At this time most full-time interpreting jobs are found in two settings: interpreting agencies as "staff interpreter" and in "mainstream settings" (Humphrey and Alcorn, 1995). In Kentucky, slightly over 60 percent of the graduates of the EKU Interpreter Training Program since 1991 are working part or full-time in educational settings. The best estimates indicate that the number of interpreters working with deaf students at all educational levels as of 1989 exceeded 4000; without a doubt this number has increased significantly in the intervening six years. And without doubt the demand for qualified and certified educational interpreters at every level - elementary, secondary, and postsecondary certainly exceeds the availability.

> ***"As we discussed earlier, we have a concern about the shortage of qualified interpreters for the hearing-impaired and how this will affect the educational future of the hearing-impaired students at Manual High School."***
> **High School Teacher, 1994**

### II. Critical Issues in Educational Interpreting

The issues involved in educational interpreting and identified in the published literature are numerous. For the purpose of this Task Force report, those issues will be limited to the following considerations: (A) the multiple roles of the educational interpreter, (B) issuance of specialty certification in educational interpreting, (C) the assessment of educational interpreters prior to placement in educational settings, and (D) and the extent to which educational interpreting can promote inclusion and quality education for deaf and hard of hearing children.

### A. The multiple roles of the educational interpreter.

In 1989, the Report of the National Task Force on Educational Interpreting identified the extent to which the role of the educational interpreter is a critical issue by listing the various job titles given by school systems for the position of sign language interpreters:

Educational Interpreter
Interpreter for Deaf Students
Staff Interpreter
Senior Educational Interpreter
Elementary Level Interpreter
Lead Interpreter
Interpreter/Notetaker for Hearing Impaired Students
Support Service Specialist
Coordinator of Interpreting Services to Deaf Students
Interpreter - Tutor
Oral Interpreter
Classroom Interpreter
Cued Speech Interpreter
Communication Facilitator
Beginning Interpreter

Others have expanded these titles to include diverse responsibilities such as interpreter/ teacher's aide; interpreter/notetaker; interpreter/resource teacher (Zawolkow, et.al., 1986). "The interpreter's primary function is to act as the facilitator of communication between hearing-impaired students and their mainstream teachers. The interpreter is included as a member of the educational team. The interpreter is unique, in that the position is an extension of the student and the student's relationship with the teacher; at the same time, that position is also an extension of the teacher and the teacher's relationship with the student.

There is much debate as to whether an interpreter should take on the role of tutors. The 1989 Task Force on Educational Interpreting took the position that most interpreters do not have special training needed to provide quality tutoring.

Griffin (1982) stated that interpreters may have expanded functions, including: working with parents of deaf and hard of hearing children; teaching sign language to hearing classmates, teachers and other school personnel; providing input into the educational programming of deaf and hard of hearing children; and guiding the deaf child in the use of the interpreter and the difference in the roles of the teacher and the interpreter. Griffin specifically notes the differences which exist at the elementary levels and those at the secondary and postsecondary levels, with the level of direct involvement decreasing as children move into the upper levels. In addition, Griffin cites examples where interpreters should recuse themselves such as counseling situations.

In areas of assisting the teacher and teaching sign language, the 1989 Task Force had recommendations. "Under no circumstances should the educational interpreter take on the responsibility of the teacher for management of the class. Most interpreters, while capable of providing informal instruction for enrichment, are not well prepared to teach formal sign language courses." The Task Force members left open the possibility that interpreters who complete course work in sign language instruction be allowed to teach sign language.

Interpreting responsibilities may be categorized also into "in-class interpreting" and "out-of-class interpreting." At the elementary level, interpreting is expected to cover a broad range of subject areas: mathematics, social studies, science, and language arts. The depth of knowledge on the part of the interpreter is not likely to require special technical background. As the child advances in school, however, the instructional content will take on more depth, necessitating more technical knowledge by the interpreter. As such, the increased knowledge is likely to call for preparation time with the teacher. Interpreting outside of the class would include such events as field trips, club meetings, assemblies, counseling sessions, varsity sports, and course registration. These responsibilities need to be clearly specified and included in the job description.

**B. The issuance of specialty certification in education interpreting.**

Just as defining the specific role of the educational interpreter is a critical issue, so is the debate as to whether specialty certification should be developed for educational interpreters.

> ***"Someone should come and evaluate me, the interpreter, because students deserve a quality interpreter. But no one ever does."***
> **Town Hall Meeting Participant, 1995**

Mitchell (1994) takes the position that interpreters working in educational settings should be licensed, and that license is the way of demonstrating qualifications. She cites specific differences in the working situations of a general interpreter and an educational interpreter. First, the educational interpreter is expected to apply the current Code of Ethics as defined by the Registry of Interpreters for the Deaf (RID) in a more flexible fashion. Secondly, the educational interpreter works with a unique set of technical vocabulary, and also works with teachers and other professional staff providing educational services within the framework of educational settings which involve educational philosophies and approaches and policies and procedures. Because most educational interpreters cannot meet the requirements of the RID Certificate of Transliteration or Certificate of Interpretation, she is in favor of a Certificate of Transliteration: Educational or Certificate of Interpretation: Educational, for those individuals.

Because many, if not most, educational interpreters are not treated as professional interpreters and are expected to function as aides or substitute teachers, thus performing duties outside their role as an interpreter, Dahl (1994) believes the RID has an obligation to establish, promote, and advocate for higher standards. He concedes that while the creation of another certificate for specialists in educational interpreting would add some credibility to the field, it would do little to address or alleviate the crisis of sufficient interpreters. He strongly advocates for increased university-level interpreter training programs which offer specialty in educational interpreting as well as other course work in child development, foundations of deaf education, American Sign Language, English sign systems, and practicum experiences. As a result, educated and well-trained interpreters will be better prepared to make their function clear; no longer will interpreters be expected to discipline students and evaluate student performance. Dahl emphasizes that specialized knowledge required of educational interpreters is achieved through education and training, not by a specialty certificate.

Schick (1995) maintains that existing methods of interpreter evaluation pose considerable difficulty in evaluating educational interpreters. More specifically, the present methods evaluate pure forms of ASL or sign systems (SEE) which are rarely seen in educational settings. The existing RID evaluations do not reflect actual job requirements, nor do they evaluate signing to children, children's signing, or a broad range of skills. Finally, they provide only minimal feedback about skills. For these reasons, Schick advocates the development of a separate assessment tool for educational interpreters.

**C. The assessment of educational interpreters prior to placement in the educational setting.**

In view of the above situation, in which there is no national minimum standard for educational interpreting, a few states have begun their own assessment programs to ensure that interpreters are qualified for the work they are hired to do. Generally, the states with standards have trouble hiring qualified interpreters due to the shortage of certified interpreters and the low salaries paid to interpreters. This requires a commitment on the part of the state Department of Education and the Local Education Agencies to provide equitable compensation for trained and certified personnel.

The Albuquerque Public Schools in New Mexico require that interpreters be RID certified and hold bachelor's degrees. Given the title, "Educational Interpreter," they are compensated on the teachers' schedule of pay and benefits (Dahl, 1994).

Educators at the University of Nebraska in Lincoln have developed the Educational Interpreter Performance Assessment (EIPA), a process that provides a complete assessment of an educational interpreter's skills. As of August 1995, it is being used in Nebraska, Colorado, Iowa, Kansas, and Pennsylvania (Schick, 1995). The EIPA assesses actual performance and is sensitive to the variation of interpreting that occurs across grade levels and with different children. A primary strength is that it allows a school to address the specific needs of an individual child, consistent with the IEP concept. Regional teams are utilized to ensure that interpreters use the signs most common to a particular area. The EIPA is specifically designed to provide feedback in sufficient detail so that interpreters are placed in assignments which best fit the interpreter's constellation of skills (Schick, et.al., 1993).

An Educational Interpreter Evaluation (EIE) has been developed by the Florida Registry of Interpreters for the Deaf. The objective of the EIE is to have the highest qualified interpreters in the educational system. While the assessment does not appear to be as comprehensive as that of the Nebraska group in assessing job-specific tasks, the assessment does identify three skill levels which determine placement. As of September 1995, the tool is said to have exceeded its primary objective as demonstrated by school districts' use of the EIE levels for hiring interpreters and awarding equitable compensation.

> ***"I am also concerned with the message we send to the hearing impaired students when we do not have interpreters for them. We are sending the message that they are not equal when we fail to provide them with the very basic need for their mainstream educational experience to be on equal ground with their nondisabled peers. It is imperative that we provide these individuals with equal access to education in the classroom."***
>
> **High School Teacher, 1994**

**D. Educational Interpreting - Inclusion and Quality.**

As has been demonstrated, educational interpreters serve a special role in the process of educating deaf and hard of hearing students. It is the support service offered by interpreters which makes educational programs accessible, thereby fulfilling the mandates of the IDEA, Section 504, and the ADA.

What is required for quality interpreting services, for full inclusion of deaf and hard of hearing children in the regular schools and classrooms? Kellogg (1995) outlines the system needs:

- Solid standards of quality;
- Supervision by properly certified teachers;
- Adequate pre-service and/or in-service training;
- Competence in the subject area assigned;
- Written and oral competence in English grammar;
- Vocabulary at a level appropriate for the students;
- Knowledge of and the ability to implement the interpreter code of ethics as defined by the Registry of Interpreters for the Deaf;
- Academic competence in the assigned content area;
- Regular assessment by competent sign evaluators.

In summary, Kellogg (1995) laments the fact that many educational interpreters only receive on-the-job training. The professional organizations must be willing to take on the responsibilities of assuring that deaf and hard of hearing students are receiving appropriate services. Only then will the public school programs be considered accessible and deaf and hard of hearing children have the language/communication options guaranteed to them by federal and state legislation.

*"We need to standardize the qualifications for educational interpreters."*
**Interpreter Forum Participant, 1995**

### III. Kentucky Standards for Educational Interpreters

In 1994, the Kentucky Department of Education, Division of Exceptional Children, published Kentucky Guidelines for Educational Interpreters. Those guidelines are based on many of the above recommendations as posited by the National Task Force on Educational Interpreting and other professionals in the field.

This is an admirable first step. But it is not sufficient. It is the recommendation of this Task Force that the Kentucky Department of Education (KDE) take measures which will ensure that its recommendations are met. Specifically, funding for ongoing training of interpreters must be provided. This will serve to increase the pool of available interpreters for deaf and hard of hearing children in Kentucky's public schools.

Once funding is available, appropriate educational interpreter training activities must be identified. Those activities must be committed to providing the training especially needed by interpreters who will work with deaf and hard of hearing children in the educational environment. It is not enough that the programs train general interpreters; they also must offer coursework and/or intensive training which has previously been identified as necessary for success in educational setting, and practicum and internship placement in educational settings. EKU should also be encouraged to establish a bachelor level degree program that incorporates extensive coursework in educational interpreting and tangential coursework pertinent to the educational setting. The knowledge base and skill level necessary to function in the educational setting requires specialized interpreter training. This level of training is necessary to ensure an educational interpreter has a well rounded background focusing on education and the interpreting skills appropriate to the educational setting.

The Commonwealth of Kentucky must develop regulations dealing with educational interpreters, qualifications, standards, and certification. It is recommended that the KDE, the Education Professional Standards Board and the KCDHH shall jointly develop such appropriate regulations with the participation of consumers such as the Kentucky Association of the Deaf and other schools and professional organizations (KSD, EKU Interpreter Training Program, LEAs, and Kentucky Registry of Interpreters for the Deaf). Models have been developed in other states; these can be replicated or redesigned in order to meet the unique needs of Kentucky's deaf and hard of hearing children in the public schools.

*"... the quality of education is only as good as the quality of the personnel who provide it."*
**Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

### Critical Need

- Improve the quantity and quality of educational staff that serves deaf and hard of hearing students.

### Action Needed

- By July 1997, modify certification requirements, regulations, policies, and standards which will increase the quantity and quality of educational staff serving deaf and hard of hearing children.

### Possible Implementing Agencies

Kentucky Department of Education
Education Professional Standards Board
Kentucky School for the Deaf/Statewide Educational Resource Center on Deafness
Eastern Kentucky University Deaf Education Training Program
Eastern Kentucky University Interpreter Training Program
Local School Districts

| Estimated Cost Analysis | Potential Funding |
|---|---|
| $ 0 | $ 0 |

### Results/Impact

- The Commonwealth of Kentucky would be able to have an increased number of qualified educational staff to provide educational services to deaf and hard of hearing children and youth. The recommended actions or revisions to current policies and regulations would enhance the ability of school systems to recruit, hire, and maintain quality educational staff, including those who are deaf and hard of hearing serving as role models.

## Strategic Action

Modify certification requirements, regulations, policies, and standards which will increase the quantity and quality of educational staff serving deaf and hard of hearing children by taking the following steps:

- Providing for dual certification and/or modification of existing certification requirements to facilitate recruiting and hiring appropriately trained teachers;
- Developing reciprocity agreements between and among states to facilitate recruiting;
- Recommending that the Education Professional Standards Board to incorporate the new Praxis in place of the current National Teacher Examination (NTE) and procedures into the certification process;
- Recommending the deaf education specialty test and not the special education specialty test of the NTE be used for certification purposes;
- Recommending that the current NTE be waived for the deaf and hard of hearing individuals until the new Praxis test and procedures including videotape and appropriate language/communication mode designed for deaf and hard of hearing individuals are in place;
- Recommending that teachers working with the deaf and hard of hearing ages 0-5 have specialized endorsements in teaching deaf and hard of hearing students as part of their interdisciplinary early childhood certification;
- Recommending that individuals must pass a proficiency test in communication skills, including sign language prior to being certified to teach deaf and hard of hearing children;
- Allowing alternative certification for deaf and hard of hearing professionals with degrees in counseling who do not have teacher certification, so that they can address the mental health needs of deaf and hard of hearing students.

> ***"The education agency should ensure that all education personnel have the knowledge necessary to fulfill their roles relative to students who are deaf or hard of hearing."***
> **Guidelines for Educational Service to Deaf and Hard of Hearing Students, 1994**

## Supporting Documentation

### I. Introduction

As has been mentioned throughout this Task Force report, approximately 70-75 percent of deaf and hard of hearing children are in mainstreamed educational programs. With a Kentucky school population of 702,861, extrapolated figures give us an estimated 7,000 deaf and 11,00 hard of hearing children in Kentucky's schools. At the writing of this report, approximately 889 deaf and hard of hearing children have been identified through the December 1994 Federal Child Count. Kentucky School for the Deaf serves approximately 250 of those children; the remainder are identified as being spread throughout Kentucky's public schools.

Issues pertaining to the education of the deaf and hard of hearing children in educational programs are low incidence of deafness, the problems of social isolation, inadequate quality assurance for teachers and interpreters, inappropriate or incomplete assessments, and a lack of technical support and assistance for teachers and other school staff..

These critical issues have already been addressed in other sections of this Task Force report. For example, the need for qualified resource personnel as well as technical support and assistance for teachers and other school staff are called for in the section on Statewide Educational Resource Center on Deafness. Program Standards deal with appropriate educational staff, programming, and appropriate assessment of deaf and hard of hearing children. The crisis pertaining to qualified and certified interpreters is broached in the section on educational interpreters. The critical need identified in this section has to do with the quality and quantity of educational staff - especially pertinent if deaf and hard of hearing children are to have role models to emulate and instructors and educational staff who can communicate with them in English and/or American Sign Language.

Stewart (1989) recognized that deaf and hard of hearing children constitute a "low incidence population," an extremely small minority among all disabled children being served through Public Law 94-142. Citing the need for input on program staffing from top to bottom, he called for the inclusion of qualified deaf professionals, other deaf citizens, and parents of deaf children as appropriate, at all levels of policy-making, administrative, programmatic and operational levels throughout the federal, state, and local educational systems.

In testimony on the misapplication of the Least Restrictive Environment Standard, Siegel (1989) expressed concern about the "cross categorical" grouping of deaf and hard of hearing children with different disabilities, most frequently those with communication disabilities. He summarized his testimony by affirming that deaf children, like any other children, need to be in classrooms where they can relate directly to their peers and teachers, where they have direct access to the communication around them.

## II. Qualified Educational Staff

The National Association of State Directors of Special Education issued Guidelines for Educational Service to Deaf and Hard of Hearing Students. The Guidelines are specific in the recommendations pertaining to Supportive Structures and Administration. "The education agency should ensure that all education personnel have the knowledge necessary to fulfill their roles relative to students who are deaf or hard of hearing." In other words, the quality of education is only as good as the quality of the personnel who provide it. "Personnel working with this population should have knowledge of the communication and educational issues associated with hearing loss which differentiate these children's needs from others. Issuance of emergency certification and endorsements is not sufficient to ensure appropriate personnel preparation in this area."

***"... to recruit and prepare professionals who are deaf or hard of hearing and those individuals who are from diverse ethnic, cultural, and linguistic backgrounds.... Many states are examining equitable testing requirements to prevent discrimination against individuals who are deaf or hard of hearing and are engaging in the certification process."***
**Guidelines for Educational Service to Deaf and Hard of Hearing Students, 1994**

What, then, is required knowledge for staff who work with deaf and hard of hearing children? The guidelines specifically identifies six: (1) knowledge of various communication issues; (2) knowledge of cultural issues; (3) knowledge of the nature of hearing loss; (4) knowledge of the effects on the family; (5) response to state and professionally recognized standards; and (6) consolidation of services.

Oftentimes among the most qualified persons to teach deaf and hard of hearing children are trained teachers who are themselves deaf and hard of hearing. Yet the employment of deaf and hard of hearing teachers poses one of the most controversial issues in the field: if teachers cannot pass the competency test required as "gatekeepers" for teacher licensure, should they be permitted in the classroom?

The National Task Force on Equity in Testing Deaf Professionals issued a resolution in 1993. "Whereas deaf and hard of hearing teachers are very important to the educational experience of deaf and hard of hearing children and must be available to them; whereas many states require teacher competency test....and many deaf teacher candidates fail these teacher licensure examinations and are thus denied access to certification; be it resolved that we endorse efforts which seek to ensure equity for deaf test takers and the removal of barriers so that otherwise qualified deaf individuals may become teachers."

The licensing of deaf and hard of hearing teachers has been at the forefront in many states.

Deaf and hard of hearing teachers in Kentucky's neighboring state of Tennessee faced a situation involving testing as a certification requirement. The fairness of the tests was an issue. Deaf and hard of hearing examinees commonly do not achieve passing scores for a number of reasons, the chief one being that their native language is American Sign Language, not English. The Tennessee Council for Hearing Impaired posited that a deaf or hard of hearing person's professional knowledge, skill, and teaching abilities can not be measured adequately or fairly by the tests as they were currently administered. As a result of the Council's involvement, the Tennessee State Board of Education revised its requirement for deaf and hard of hearing teachers: "Applicants who are deaf or hard of hearing who seek licensure and endorsement in special education...shall take the Praxis test in general knowledge, communication skills, and professional knowledge (formerly called the NTE Core Battery) and shall take the designated Praxis specialty test. However, there shall be no minimum scores required on these examinations for candidates who are deaf and hard of hearing" (Rademacher, 1995).

Research studies indicate that 66 percent of deaf and hard of hearing students fail each section of the NTE in areas where 90 percent of all individuals taking the test pass. Does this imply that tests are not valid for use with deaf and hard of hearing teachers? As a result of the developments in Texas that state has passed legislation forbidding the administration of written teacher examinations to deaf persons unless the examination has been field tested to determine its validity for persons who are deaf (National Center For Law And Deafness, 1994).

In view of the uncertainty regarding the reliability and validity of teacher examinations when used with deaf and hard of hearing persons, this Task Force recommends that the current NTE be waived for deaf and hard of hearing persons until new tests and procedures are in place. Furthermore, the Task Force recommends that the deaf education specialty test, rather than the special education specialty test, be used for certification purposes.

Its ironic that so many teacher certification examinations require competency in English but only a handful of states require that teachers of deaf and hard of hearing children have competency in Sign Language. In view of the importance of American Sign Language in the education of deaf and hard of hearing children, it is the recommendation of this Task Force that individuals who wish to teach deaf and hard of hearing children must pass a proficiency test in sign language prior to being granted certification.

> ***"... deaf and hard of hearing children have a free, appropriate public education with communication accessibility ensured."***
> **Task Force on Services to Persons who are Deaf or Hard of Hearing, 1995**

**Conclusion**

The laws related to educating deaf and hard of hearing children are clear and explicit. It is now the responsibility of the Commonwealth of Kentucky to see that these laws are followed, that deaf and hard of hearing children and youth have a free, appropriate, public education with communication accessibility ensured. This Task Force recommends appropriate policies and regulations be revised, and adopted where appropriate. The Task Force supports providing additional assistance to all school systems and other agencies to ensure full implementation of laws and regulations which require a full and appropriate public education for the low incidence population of deaf and hard of hearing children and youth. Implementation of this recommendation will ensure educational equality for all of Kentucky's children, including those who are deaf and hard of hearing.

# Task Force Participants

# TASK FORCE MEMBERS

Sherry K. Jelsma, Secretary Co-Chair
Education, Arts and Humanities Cabinet
133 Capitol Building
Frankfort, KY 40601
(502) 564-2611

Bobbie Beth Scoggins, Ed.D. , Executive Director, Co-Chair
KY Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
(502) 573-2604

Theresa Kidwell/Cole Zulauf, Chair
KY Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
(502) 573-2604

Hal Hayden, Ph.D., Director (Representing Commissioner Boysen/Cody)
Department of Education
Exceptional Children's Services
8th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4970

Susan Leib, Associate Director (Representing Dr. Cox, Executive Director)
Council on Higher Education
1024 Capital Center Drive, Suite 320
Frankfort, KY 40601
(502) 573-1555

Sam Serraglio, Commissioner (Representing Cabinet Secretary Huston)
Workforce Development Cabinet
Vocational Rehabilitation
9th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4440

Beth Jurek and Alice Martinson (Representing Cabinet Secretary Childers)
Cabinet for Human Resources
Department for Social Services
275 East Main Street
Frankfort, KY 40601
(502) 564-2738

## TASK FORCE WORK GROUPS

Education:

Dr. Hal Hayden, KDE, Task Force Member
Sherry Sebastian, Education, Arts & Humanities
Dr. Harvey J. Corson, Superintendent Kentucky School for the Deaf

K-12 Sub Work Group

Kentucky School for the Deaf
P.O. Box 27
Danville, KY 40422
(606) 236-5132

Participants:

Archie Harris, Teacher
Nina Coyer, Teacher
Kent Mann, Assistant Superintendent/Principal

Leanne Olson, Consultant
Department of Education
8th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4970

Ruth Sigler, Special Education Consultant
Bourbon County Board of Education
Paris, KY 40361
(606) 987-2195

Marie Case, Educational Interpreter
Allen Central High School
P.O. Box 968
Prestonsburg, KY 41653

School-to-Work Program and School Transition Sub Work Group

Workforce Development Cabinet
2nd Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-6742
(502) 564-6606

Participants:

Beth Brinly
Don Hiatt
Ruth Bunch
Teresa Suter

Early Intervention Services Sub Work Group

Mona McCubbin
Louisville Deaf Oral School
414 W. Ormsby
Louisville, KY 40203
(502) 636-2084

## TASK FORCE WORK GROUPS

Andy Hensley, Coordinator
SKI*HI Program, University of Kentucky
307 Mineral Industries Building
Lexington, KY 40506-0051
(606) 257-7939

Kentucky School for the Deaf
P.O. Box 27
Danville, KY 40422
(606) 236-5132

Participants:
Bill Melton, Assistant Superintendent/Outreach Services
Pat Bruce, Early Childhood
Christi Bailey, Early Childhood

Department of Education
Exceptional Children Services
8th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4970

Participants:
Debbie Schumacher
Angela Hawkins

Carol Hustedde, Director
Lexington Hearing & Speech Center
162 N. Ashland Avenue
Lexington, KY 40502
(606) 268-4545

Teacher Training Program Sub Work Group

Eastern Kentucky University
245 Wallace Building
Richmond, KY 40475
(606) 622-4442

Participants:
Dr. Karen Dilka
Debbie Haydon

Interpreter Training Program Sub Work Group

Eastern Kentucky University
245 Wallace Building
Richmond, KY 40475
(606) 622-4442

Participants:
Dr. Laurence Hayes
Jessie Lee Clark

Dr. Joyce Wilder
Western Kentucky University
Bowling Green, KY 42104
(502) 745-2315

## TASK FORCE WORK GROUPS

Technology: Theresa Kidwell, Task Force Member
KCDHH Chair

Sharon Fields, ADA Coordinator
Governor's Office
Capitol Building
Frankfort, KY 40601
(502) 564-2611

Jerry Wheatley
KATS
427 Versailles Road
Frankfort, KY 40601
(502) 573-4665

Department for the Blind
427 Versailles Road
Frankfort, KY 40601
(502) 573-4754

Participants: Wayne Thompson
Zola Bowling

Diane Mohler
Vocational Rehabilitation
1033 Industry Road
Lexington, KY 40505
(606) 254-5701

Jimmy McGaughey
Department of Transportation
State Office Building
Frankfort, KY 40601
(502) 564-7183

Don Wade
Division of Telecommunications
Room 76, Capitol Annex
Frankfort, KY 40601
(502) 564-5271

Riggs Williams
Department of Information Systems
101 Cold Harbor Drive
Frankfort, KY 40601
(502) 564-5719

# TASK FORCE WORK GROUPS

Mike Clark
Kentucky Educational Television
600 Cooper Drive
Lexington, KY 40502-2296
(606) 258-7254

Kentucky School for the Deaf
P.O. Box 27
Danville, KY 40422
(606) 236-5132

Participants: Steve Bruce
Trish Broughton

Terri Flach
Department of Education
1st Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-2020

Dale Meyer
Northern KY Vocational School
1025 Amsterdam Road
Covington, KY 41011
(606) 431-2700

JoLynn Norfleet
Department for Technical Education
500 Mero Street
Frankfort, KY 40601
(502) 564-8324

Heather Harker
KY Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
(502) 573-2604

Dave Boyer
Disaster and Emergency Services
Boone National Guard Center
Frankfort, KY 40601
(502) 564-6342

## TASK FORCE WORK GROUPS

Vocational Rehabilitation: Sam Serraglio, Task Force Member
Workforce Development

Participants:
Kenneth Puckett
Patty Conway
Sarah Richardson

Vocational Rehabilitation
9th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4440

Beth Cross
Department for the Blind
153 Patchen Drive #21
Lexington, KY 40507
(606) 273-7755

Sandi Conkin, Regional Administrator
Vocational Rehabilitation
2530 Scottsville Road
Bowling Green, KY 42104
(502) 843-5804

Jerry Holbrook, Branch Manager
Vocational Rehabilitation
Box 880
Paintsville, KY 42140
(606) 789-6455

Andrew Jones
Carl D. Perkins Rehabilitation Center
2659 Main St.
Thelma, KY 41260
(606) 789-1440

David Nutter, Branch Manager
Vocational Rehabilitation
200-32 Fourth #4
Morehead, KY 40351
(606) 783-1527

Debbie Klapheke, Branch Manager
Vocational Rehabilitation
2210 Goldsmith Lane
Louisville, KY 40218
(502) 458-2576

Patti Edwards
Vocational Rehabilitation
P.O. Box 932
Danville, KY 40422
(606) 236-7768

# TASK FORCE WORK GROUPS

Helen Martin
Vocational Rehabilitation
1033 Industry Road
Lexington, KY 40507
(606) 231-7403

Janet Parsons
Vocational Rehabilitation
102 Cundiff Square
Somerset, KY 42501
(606) 679-7495

Lori Sutton
Vocational Rehabilitation
332 W. Broadway
Louisville, KY 40202
(502) 595-4235

Vocational Education Sub Work Group

William Meade
KY TECH
104 Vo-Tech Drive
Lexington, KY 40510
(606) 255-8501

Carolyn Isley
Adult Education
3rd Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-5117

Patti Phelps
KY TECH
230 Airport Road
Somerset, KY 42501
(606) 679-4303

Lou Perry
KY TECH, Adult Education
2nd Floor, Capital Plaza tower
Frankfort, KY 40601
(502) 564-2326

Vicki Brashear
KY TECH-Jefferson Campus
757 W. Chestnut Street
Louisville, KY 40204
(502) 595-4221

## TASK FORCE WORK GROUPS

Justice:

Administrative Office of the Courts
100 Millcreek Park
Frankfort, KY 40601
(502) 564-2350

Participants:
Cicely Lambert
Rita Cobb
Harry Hoffman

Elizabeth Chandler, Deputy Warden
KY State Reformatory
3001 W. Highway 146
LaGrange, KY 40032
(502) 222-0363

Terri Black
Kentucky State Police
919 Versailles Road
Frankfort, KY 40601
(502) 695-6366

# TASK FORCE WORK GROUPS

Social Services: Alice Martinson and Beth Jurek
Cabinet for Human Resources

John Hafendorfer
Department for Social Services
275 East Main Street
Frankfort, KY 40601
(502) 564-3788

Marcie Beatty
Mental Health/Mental Retardation
100 Fair Oaks
Frankfort, KY 40601
(502) 564-4448

Thelma Whiteside
Employment Services
275 East Main Street
Frankfort, KY 40601
(502) 564-2918

## TASK FORCE WORK GROUPS

Mental Health:

Marcie Beatty
Mental Health/Mental Retardation
100 Fair Oaks
Frankfort, KY 40601
(502) 564-4448

Emma Hignite
KY Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
(502) 573-2604

Nelson White
Cabinet for Human Resources
275 East Main St.
Frankfort, KY 40601
(502) 564-3703

# TASK FORCE WORK GROUPS

Interpreter:

Dana Parker
Kentucky Commission on the Deaf and Hard of Hearing
632 Versailles Road
Frankfort, KY 40601
(502) 573-2604

Linda Kolb-Bozeman
Eastern Kentucky University
Richmond, KY 40475
(606) 622-6395

Kenneth Puckett and
Glenda Blevins
9th Floor, Capital Plaza Tower
Frankfort, KY 40601
(502) 564-4440

Bob Stuckey
4214 N. Church Way, Apt. 2
Louisville, KY 40207
(502) 595-4235

Karen Cross
3280 Hunters Point Road
Lexington, KY 40515
(606) 263-3087

Norma Lewis
608 Penguin Street
Louisville, KY 40217
(502) 635-2048

Nina Coyer
361 Swope Drive
Danville, KY 40422
(606) 236-4854

Dr. Joyce Wilder
Western Kentucky University
Bowling Green, KY 42104
(502) 745-2315

## TASK FORCE WORK GROUPS

Interpreter (continued):

Kenni Sommer-Deddens
414 W. Ormsby
Louisville, KY 40203
(502) 636-2084

Kevin Martin
471 Plymouth Drive
Lexington, KY 40503
(606) 223-2135

Ed McChord
2038 Rambler Road
Lexington, KY 40503
(606) 278-6522

Vicki Brashear
KY TECH-Jefferson Campus
757 W. Chestnut Street
Louisville, KY 40204
(502) 595-4221

Diane Cross
124 Shady Lane
Lexington, KY 40503
(606) 278-5801

Timothy Owens
Deaf Community Center
P.O. Box 548
Louisville, KY 40201
(502) 776-3323

Laurence Hayes
Eastern Kentucky University, Wallace 245
Richmond, KY 40475
(606) 622-4442

# TOWN HALL MEETING
# TASK FORCE ON SERVICES TO PERSONS WHO ARE DEAF OR HARD OF HEARING

May 13, 1995
Louisville, Kentucky

Timothy Owens
Rebecca Reihm
Alisa Jo McKinney
Eric Raff
Thomas Ryan
Sandra L. Mason
Marcia Toatley
Eddie Johnson
Sandy Johnson
Sauita K. Johnson
Col. Winford and Helen Simmons
Mary Alice Thompson
Garland L. Best
Margaret Vinson
Thomasine Daley, SCN
Theresa Kidwell
Robert N. Deddens
JoAnn Taylor
Flavious Taylor
Betty Kolb
Bob Kolb
John Peggarossi
Donna Catlett
Frank Catlett
Dale A. Snellen
Denny Brown
Mary Jean Gibson
Robert H. Friend
Deborah Burgess
Barbara Engle
Felipe Sarnacen

Pat Gleich: Facilitator

# TOWN HALL MEETING
# TASK FORCE ON SERVICES TO PERSONS WHO ARE DEAF OR HARD OF HEARING

May 20, 1995
Danville, Kentucky

Mary Ann Corson
Brenda Marsh
Archie P. Harris
Maria Hutchens
Connie Kelley
Gayle Deville
Roberta Merideth
Karen S. Dilka
Linda Blair-Mounce
Roseann Koontz
Bob Smallwood
Nancy Etherton
Severa Trevino
Larry Etherton
James Hester
Beulah Hester
Velda Taylor
Christy Crouch
Harvey J. Corson
Jack Williamson
Debbie Martin
Jan Garman
Mary Lark Box
Brenna Booth
Nina S. Coyer
Rita Zirnheld

Pat Gleich: Facilitator

# INTERPRETER FORUM
# TASK FORCE ON SERVICES TO PERSONS WHO ARE DEAF OR HARD OF HEARING

May 20, 1995
Danville, Kentucky

Karen Froman
Laurence Hayes
Tommy W. Rogers
Harvey Corson
Mary Lark Box
Gayle Deville
Nina Coyer
Jan German
Tillie Sowders
Vicki Brashear
Rita Zirnheld
Norma Lewis
Glenda Blevins
Maria Hutchens
Jessie Lee Clark
Bob Smallwood
Tom Ryan
Severa Trevino
Marie Case
Connie Kelley
Cathy Howle
Sharon Berlowitz
Dorothy Torbett
Mr. & Mrs. James T. Hester

Pat Gleich: Facilitator

The Education, Arts, and Humanities Cabinet and the Kentucky Commission on the Deaf and Hard of Hearing are deeply grateful to the following individuals for their contributions to the preparation of the Task Force report:

Vesta Bice-Sauter
Dawna Boyes
Danny Clark
Karyn Dagen
Emma Hignite
George Morris
Dana Parker
Patricia Peyton
Patricia Pennington
Shawna Rochester
Mark Sauter
Jim Scoggins
Ruth Sigler
Debbie Turner

# GLOSSARY

| Term | Definition |
|---|---|
| American Sign Language (ASL) | A visual-gestural system of communication that has its own syntax, rhetoric, and grammar. American Sign Language is recognized, accepted, and used by many deaf Americans. This native language is representative of concepts rather than words. |
| Assistive Listening Devices/Systems | Equipment used to assist hard of hearing persons in amplification for personal and wide area usage. |
| Aural Stimulation | The ability to hear. |
| Certification | A process which determines that an interpreter for deaf and hard of hearing persons is qualified to practice interpreting at a disclosed level. |
| Certified Interpreter/ Transliterator | A sign language, oral, or cued speech interpreter/transliterator who was awarded certification by demonstrating an advanced level of expressive and receptive skills. Certified interpreters have a thorough knowledge of the codes of ethics and role of the interpreter. |
| Closed Captioning | Captioning that requires the use of a special decoder or electronic chip which decodes the captions (installed in all television sets over 13" sold in the US after 1993). |
| Codes of Ethics | The standards of ethical behavior for interpreters as established by the national Registry of Interpreters for the Deaf, Inc. or the National Association of the Deaf. |
| Contract | A contractual agreement between an agency and a contractor providing services for deaf and hard of hearing persons. |
| Conversion Levels | The process of granting levels of certification to interpreters for the deaf and hard of hearing holding certification from another state or within another certification system in this state. |
| Cued Speech | A system of eight handshapes (consonant "cues") placed at four positions (vowel "cues") around the face to form a sound based visual communication system. |
| Deaf | Persons who have a cultural identification with members of the Deaf community and use American Sign Language (ASL) as the primary communication method. |
| deaf | Persons who have hearing loss so severe that communication and learning are primarily by visual methods. |
| Deaf-Blind | Persons who have both a hearing loss and a visual loss. Within the group of deaf-blind persons there are four categories: deaf-blind - persons having no usable hearing for speech and are not able to read ordinary newsprint, even with glasses, or otherwise do not have useful vision in either eye; deaf and severely impaired visually - persons having no usable hearing for speech and who are severely visually impaired (but not blind) in both eyes; severely impaired auditorial and blind - persons whose better ear has a severe hearing impairment with the other ear equally impaired or worse |

| | |
|---|---|
| | (maybe deaf) and have no useful vision in either eye; severely impaired auditorial and visually - persons who have a severe visual impairment in both eyes (but not blind) and whose better ear has a severe hearing impairment with the other ear equally impaired or worse (maybe deaf). It is estimated that from five to ten percent of the deaf community has a significant visual loss. |
| Deaf Community | A community of parents and teachers of deaf children, professionals working with deaf and hard of hearing individuals, and people with hearing loss who work and interact on common goals. |
| Deaf Culture | A set of learned behaviors and perceptions based on shared or common experiences that shape the values and norms of Deaf people. |
| Deaf Interpreter | A deaf or hard of hearing individual, who is able to assist in providing an accurate interpretation between standard sign language and variants of sign language (including home signs) by acting as an intermediary between a deaf or hard of hearing person and a qualified interpreter. |
| Deaf Multi-Disabled | A combination of hearing loss and other disabilities. Examples may include developmental disabilities, physical disabilities, or sensory disabilities other than blindness. |
| Entry Level | Possessing skills necessary for eligibility for state certification evaluation, national certification evaluation, and entry in the field of interpreting. |
| Expressive Skills | Ability to convey a spoken message into a visual equivalent. An example is interpreting from spoken English to American Sign Language. |
| Hard of Hearing | Individuals who have some degree of hearing loss, varying from mild to profound; can benefit from assistive listening devices, but rely on English as their primary language; are not affiliated with the Deaf community; and function primarily in the 'hearing world'. |
| Hearing Loss | Describes diminished hearing capability of any degree from mild to profound. |
| Home Signs | A system of gestures developed by a deaf or hard of hearing individual and others such as family members to communicate basic human needs. This system is generally understood only by individuals closely associated with the deaf or hard of hearing person. It is not a language or standard system of sign language understood by the deaf community as a whole. |
| Interpret | Accurately convey messages without personal interjection between two or more parties through the use of two languages. |
| Interpreter | Any person who is qualified to provide interpreting services, with experience and training in interpreting, who holds a valid certificate indicating the level of competence. |

| | |
|---|---|
| Interpreter Trainer | A specialist in interpreting and related areas who trains new interpreters in the interpreting of spoken English to any necessary specialized vocabulary used by a deaf consumer. Necessary specialized vocabularies include, but are not limited to American Sign Language, Pidgin Signed English, oral, tactile sign, and language deficient skills. |
| Interpreting Certificates | *Certificate of Interpretation and Certificate of Transliteration (CI and CT)*: Certificate given to a person demonstrating competence in both interpretation and transliteration.<br>*Certified Deaf Interpreter (CDI)*: Certificate given to a deaf or hard of hearing person demonstrating the ability to interpret between American Sign Language (ASL) and signed English or transliterate between English and a signed code for English.<br>*Comprehensive Skills Certificate (CSC)*: Certificate given to a person demonstrating the ability to interpret between American Sign Language (ASL) and spoken English and to transliterate between spoken English and a signed code for English.<br>*Interpretation Certificate (IC)*: Partial certificate given to a person demonstrating the ability to interpret between American Sign Language and spoken English.<br>*Oral Interpreting Certificate — Comprehensive (OIC:C)*: Certificate given to a person demonstrating the ability to paraphrase/transliterate a spoken message with or without voice and with natural lip movements. Also includes the ability to understand the speech and/or mouth movements of a deaf or hard of hearing person and to repeat it exactly or in essence for the benefit of a third person(s).<br>*Reverse Skills Certificate (RSC)*: Certificate given to a person who is deaf or hard of hearing demonstrating the ability to interpret between American Sign Language and signed English or transliterate between English and a signed code for English.<br>*Transliteration Certificate (TC)*: Partial certificate given to a person demonstrating the ability to transliterate between spoken English and a signed code for English. |
| Kentucky Interpreting Skills Screening | A screening program (not a certification program), which tests knowledge of Interpreting Codes-of-Ethics, role of the interpreter, Deaf culture, and general interpreting issues, as well as interpreting skills, and establishes a level of interpreting skill for non-certified interpreters. |
| Language | *Clinical Definition*: A form of communication.<br>*Cultural Definition*: The major identifying feature of Deaf Culture is American Sign Language. |
| Language Deficient | A term used to describe a deaf or hard of hearing individual who has not acquired a complete language system or who lacks crucial language components, including but not limited to vocabulary, language concepts, expressive skills, language skills, and receptive skills. |

| | |
|---|---|
| Late Deafened | Persons who have a severe to profound hearing loss with an age of onset after the development of speech and language; derive little or no benefit from assistive listening technology; and require visual representation of English, including visual display technology. |
| Mastery Level | Possessing skills equivalent to the highest levels attainable on a state or national certification/evaluation. |
| Mainstreaming | The educational placement of a child/children with a disability in a classroom with other children without disabilities with or without support services. |
| National Association of the Deaf | A national association whose members are deaf and/or hard of hearing or who support the goals of the association. The NAD has developed testing materials for quality assurance and certification of sign language interpreters/transliterators. |
| Open Captioning | Captioning that appears on all receivers and can be viewed without the use of decoder on all television sets. In the past, some news bulletins, presidential addresses or programming created especially for deaf and hard of hearing audiences were open captioned. |
| Oral Deaf Person | A person who uses speech and speechreading and residual hearing as the primary means of communication. |
| Panel | Refers to the members of an assessment team for an interpreter certification program. |
| Panelist | Any person who has satisfied the requirements or possesses appropriate credentials for serving as a member of the assessment team for certification. |
| Pidgin Signed English | Mode of communication having characteristics of both American Sign Language and English. |
| Postsecondary Institutions | *Technical Institutes*: A postsecondary program from which deaf and hard of hearing graduates may receive a vocational degree, an associate's degree, or a bachelor's degree. Training is generally offered at the technical or equivalent levels of career preparation.<br>*Community College*: The most prevalent type of postsecondary program attended by deaf and hard of hearing students. Degrees range from the vocational diploma to a two-year associate degree.<br>*Four-Year College or University*: Postsecondary institutions attended by deaf and hard of hearing students which grant a range of degrees including bachelor's, master's, and advanced degrees. |
| Pre-Service | Training acquired through undergraduate and graduate preparation programs which leads to a certificate/degree in interpreting and transliterating. |

| | |
|---|---|
| Preferred Mode of Communication | The method of communication that the deaf or hard of hearing individual is most expressive and comfortable in using. This may be American Sign Language, a manual form of English, oral, cued speech, writing, or any other mode of communication. |
| Qualified Interpreter | Interpreter whose qualifications are such that they are able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. |
| Quality Control | Method to assure that interpreting services meet an established standard. |
| Real-time Captioner | A person, through the use of technological equipment, renders spoken language to written captions on a screen or television monitor. |
| Recently-Deafened Persons | Persons who have acquired a hearing loss in the previous five years. Degree of hearing loss may be minimal or profound. Language and cultural experiences are those of persons without hearing loss. |
| Receptive Skills | Ability to receive, comprehend, and interpret the message/language of a deaf or hard of hearing person into a spoken equivalent. |
| Region | Designated service area of the state in which a contractor provides services for the deaf and hard of hearing persons who reside within the boundaries of such a designated area of the state. |
| Registry of Interpreters of the Deaf | Registry of Interpreters for the Deaf, Inc. A national association for the interpreting profession. Its purpose is to provide national evaluation and certification of interpreters, to provide a code of ethics for interpreters, and to maintain a registry of certified interpreters. |
| Screening | The process of evaluating an interpreter's basic interpreting skills. Screening does not denote certification, but may be a stepping-stone to certification. |
| Screening Level | The level of competency awarded to an interpreter who has successfully satisfied the minimum standards for beginning interpreters established by a screening program. |
| Simultaneous Communication | Use of signing and speech simultaneously. |
| Speaking | Vocalizing language. Speaking is not always considered appropriate behavior for deaf and hard of hearing persons within certain segments of deaf culture. |
| Speech | Spoken language. Sometimes acquired by deaf and hard of hearing persons with varying degrees of success. |
| Speechreading | The ability to understand a speaker's thoughts by watching the movements of the face and body and by using information provided by the situation and the language. The older term is "lipreading". |

| | |
|---|---|
| Tactile Sign | Mode of Communication used by individuals who are both deaf and blind, using any one or a combination of the following: tactile sign, constricted space sign, or braille notetaking. |
| Total Communication | The use of whatever means available to facilitate communication, including sign language, spoken language, writing, gestures, and pantomime. |
| Traditionally Underserved | Deaf or hard of hearing persons who normally possess limited communication abilities, are unlikely to live independently or maintain employment without transitional assistance or support, and/or demonstrates poor social/emotional skills. |
| Transliterate | To accurately convey messages without personal interjection between two or more parties using different forms of the same language, such as spoken English and a manually-coded form of English and vice versa. |
| Transliterator | Interpreter who is skilled in conveying messages from English into a manual code for English. |

# REFERENCES

## *REFERENCES*

*American Psychological Association, Inc. (1993, January). Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations.* American Psychologist, *48 (1), pp. 45-48.*

*Ancelin, C. (1992, July 5-8). Accessibility Issues for Hard of Hearing People in Treatment and 12-Step Meetings.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 31-39). Washington, D.C.: Gallaudet University.*

*Anderson, G. and Carnahan, S. (1993). State VR Agency Priorities for Improving the Delivery of Interpreting Services to Individuals who are Deaf and Hard of Hearing. Arkansas: University of Arkansas Rehabilitation Research and Training Center for Persons who are Deaf or Hard of Hearing.*

*Area Development Districts. (1993, July).* Kentucky's Regional System for Statewide Planning and Service Delivery report. *(Available from Kentucky Commission on the Deaf and Hard of Hearing, 632 Versailles Rd., Frankfort, KY 40601).*

*Babb, D. (1994, April 12). Business Letter to D. Cole Zulauf, President of Kentucky Association of the Deaf.*

*Bailey, C. (1989). Resources for Teachers of Hearing-Impaired Students: The Residential School and Public School Day Classes. An unpublished masters thesis at California State University at Northridge.*

*Benton, S. (1992, July 5-8). Keystone Residential Services Deaf and Hard of Hearing Program.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 135-138). Washington, D.C.: Gallaudet University.*

*Berman, H. (1990, June 5-9). Chemical Dependency Assessment in a Deaf Population.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 37-53). Washington, D.C.: Gallaudet University.*

*Bloch, N. (1992, September 18). Business Letter to Robert E. Bevill, Executive Director of the Louisiana Commission for the Deaf.*

*Bourne-Firl, B. (1992, July 5-8). Introduction to Deaf Culture.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 1-4). Washington, D.C.: Gallaudet University.*

*Bowe, F. (1991).* Approaching Equality: Education of the Deaf. *Silver Spring, MD: T. J. Publishers, Inc., (p. 15).*

*Boyarin, F., Burke, F., Evans, J.., and Lee, M. (1987). Assessment from the Perspective of the Hearing Therapist. In Elliott, H., Glass, L., and Evans, J. W. (Eds.),* Mental Health Assessment of Deaf Clients: A Practical Manual. *Boston, MA: Little, Brown and Co.*

*Bramlet, M. (1993). Information from the National Captioning Institute, Inc.* NCI FYI. *Falls Church, VA: National Captioning Institute.*

*Braswell, M. and Roose, D. (Eds.) (1987). 1987 Registry of Certified Interpreters. Rockville, MD: RID Publications.*

*Brauer, B. (1990, Spring). Caught in the Middle: Does Interpreting Work in A Mental Health Setting?* Gallaudet Today, *20 (3), pp. 46-49.*

*Butler, R. (1990, October 31). Interoffice Memo to E. Douglas Smith. Deputy Secretary for Kentucky Cabinet for Human Resources.*

*Captioned TV Is A Powerful Educational Tool. (1993, March 12). Press release by the National Captioning Institute. (Available from National Captioning Institute, 5203 Leesburg Pike, Falls Church, VA 22041).*

*Charrette Report: Kentucky School for the Deaf. (1975, August).* A project of the Kentucky State Department of Education in conjunction with the University of Tennessee Planning Laboratory: *Knoxville, TN.*

*Cherry, L. (Comp.) (1988, October).* Report on Surveys Conducted by the Bay Area Project on Disabilities and Chemical Dependency. *(Available from Bay Area Project on Disabilities and Chemical Dependency, 875 O'Neill Ave., Belmont, CA 94002).*

*Commission of Education of the Deaf. (1988). Toward Equality: Education of the Deaf.* A Report to the President and the Congress of the United States. *Washington, DC: U.S. Government Printing Office, (p. 8).*

*Commonwealth of Pennsylvania Department of Public Welfare (1989, October 10).* Mental Health Bulletin. *Harrisburg, PA: Commonwealth of Pennsylvania Department of Public Welfare.*

*Conference of Interpreter Trainers (February 24, 1995).* National Interpreter Education Standards. *Conference of Interpreter Trainers.*

*Consumer Focus Group Report; Recommendations (1995). Deaf and Hard of Hearing Services Branch/Kentucky Department of Vocational Rehabilitation.*

*Corson, H. (1994, November 14). Partnerships: Collaboration in Creating World Class Educational and Training Opportunities for Deaf Children and Youth.* A presentation for the 24th Southeast Regional Institute on Deafness in Education and Rehabilitation at Louisville, KY.

*Critchfield, B. (1986, November 4-7). Deafness and Mental Health: Emerging Networks. Selected Proceedings of the Sixteenth Southeast Regional Institute on Deafness,* Kaleidoscope Thinking: The Challenge of Change *(pp. 41-68). Lexington, KY.*

*Dahl, C. (1994, February). Another Certificate?* Views, *11 (2), pp. 8, 15.*

*Danek, M., Rehabilitation Act Amendments of 1992; Implications for Consumers with Hearing Loss (Winter 1993-94).* American Rehabilitation, *Volume 19, Number 4 (pp. 8-15). Washington, DC: Rehabilitation Services Administration.*

*Davis, J. (Ed.) (1990)* Our Forgotten Children: Hard of Hearing Pupils in the Schools (Second Edition) *Washington, D.C.: Self Help for Hard of Hearing People (p. 5).*

*Davis, L.. (1993, October 4). The Prisoners of Silence.* The Nation, *pp. 25-27.*

*Deaf and Hard of Hearing Mental Health Cooperative (n.d.). Grant Bulletin. Osgood, IN: The Deaf and Hard of Hearing Mental Health Cooperative. (Available from the Deaf and Hard of Hearing Mental Health Cooperative, 240 W. Craven St., Osgood, IN 47037).*

*Delgado, G. (1993). Outreach: The Resource of State Schools for the Deaf.* American Annals of the Deaf, *138 (5), pp. 411-414.*

*Dick, J.. and Collins, T. (1992, July 5-8). Grant Writing: A Training Session.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 85-93). Washington D.C.: Gallaudet University.*

*Dickens, D. (1985). Problems Encountered by Clinicians in Providing Services to Deaf Psychiatric Patients. In Anderson, G. B. and Watson, D. (Eds.), Counseling Deaf People: Research and Practice,* A paper by the Arkansas Rehabilitation Research and Training Center on Deafness and Hearing Impairment *(pp. 43-54). University of Arkansas.*

*Edelstein, T. (1978, Fall). Development of a Milieu Intervention Program for Treatment of Emotionally Disturbed Deaf Children.* Mental Health in Deafness, *pp. 2, 25.*

*Elliott, H., Glass, L., and Evans, J., Eds. (1987). Mental Health Assessment of Deaf Clients. Boston, MA: Little, Brown and Company.*

*Emmons, J. (1995, July 13). Facsimile to Emma Hignite of the Kentucky Commission on the Deaf and Hard of Hearing.*

*Farrugia, D. (1989, Fall). Practical Steps for Access and Delivery of Mental Health Services to Clients Who are Deaf.* Journal of Applied Rehabilitation Counseling, *20 (1), pp. 33-35.*

*Flax, N. and McJannet Werner, M. (1995, June 26). A Letter from Helen Keller National Center to Patty Conway, State Coordinator for the Deaf and Hard of Hearing, Office of Vocational Rehabilitation.*

*Fortney, O. (1992, July 5-8). Center for the Empowerment of Deaf Alcoholics in Recovery (C.E.D.A.R.).* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 19-23). Washington, D.C.: Gallaudet University.*

*Gerber, B. M. (1978, Fall). Statewide Planning of Coordinated Mental Health Services for Deaf Persons.* Mental Health in Deafness, *pp. 2, 37-42.*

*Gore, A. (1995). A Letter from the Office of the Vice President of the United States.* Multimedia On-line, *p. 18.*

*Glickman, N. (1986, October). Cultural Identity, Deafness, and Mental Health.* Journal of American Deafness and Rehabilitation Association, *20 (2), pp. 1-10.*

*Goldberg, B. (1991, April). How Soon Should Intervention Start?* American Speech-Language-Hearing Association, *pp. 40-42.*

*Goulder, T. (1976). The Effects of the Presence or Absence of Being Labeled Emotionally/Behaviorally disturbed on the Classroom Behaviors of Hearing Impaired Children, Ages 7-13.* Unpublished doctoral dissertation, *American University, 1976.*

*Graham, K. (1994, August 14-16). Needs Assessment and State Planning of Mental Health Services For the Deaf and Hard of Hearing.* Proceedings of the First National Mental Health/Deaf Services State Coordinator Conference, *pp. 39-41.*

*Grey, K. and Nugent, T. (1995, June 26). A Need to Be Heard.* People, *43 (25), p. 39.*

*Griffin, M. (1982, February 11). Interpreters in the Educational Setting. An unpublished paper. (Available from the Knoxville Division of the Tennessee Registry of Interpreters for the Deaf, Knoxville, TN).*

*Griffing, B. (1977, January). Reshaping the Role of the State School for the Deaf in Public Education. In The Changing Role of School Programs for Deaf Children: Selected Papers. Silver Spring, MD: The Conference of Executives of American Schools for the Deaf, Inc.*

*Guidelines. (1994). What Parents Ask about Early Intervention. Silver Spring, MD: American Society for Deaf Children.*

*Gustason, G. (1985, October). Interpreters Entering Public School Employment.* American Annals of the Deaf, *(130), pp. 265-266.*

*Guthmann, D., Swan, K., and Gendreau, C. (1990, June 5-9). Placement, Treatment, Transition, and Ethical Issues When Serving Chemically Dependent Deaf and Hard of Hearing Clients.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 123-135). Washington, D.C.: Gallaudet University.*

*Harrod, H. (1982). Danville, KY: Kentucky School for the Deaf Newsletter: Old Jacobs Hall,* House Votes 86 - 0 Favoring HB 34.

*Humphrey, J. and Alcorn, B. (1995)* So You Want to Be an Interpreter?: An Introduction to Sign Language Interpreting *(Second Edition). Amarillo, TX: H&H Publishers.*

*Hunter, C. and Wallace, M. (1994, May). Letter to Editor,* RID Views, *p. 20.*

*19th Institute on Rehabilitation Issues; Serving the Underserved-Principles, Practices, and Techniques (October 1992). Improving Vocational Rehabilitation Services to Unserved and Underserved Populations (pp. 3-16). Menomonie, Wisconsin: Research and Training Center-Stout Vocational Rehabilitation Institute-University of Wisconsin-Stout.*

*Isaacs, M., Buckley, G., and Martin, D. (1979). Patterns of Drinking Among the Deaf.* American Journal of Drug and Alcohol Abuse, *(6), pp. 463-476.*

*Joint Proposal for Mental Health Program for the Deaf and the Hard of Hearing (1992, April 6).* Report of the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, *Division of Services for the Deaf and the Hard of Hearing, Department of Human Resources, State of North Carolina.*

*Kannapell, B. (1990, June 5-9). Substance Abuse and Prevention and the Dynamics of Deaf Culture.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 89-97). Washington, D.C.: Gallaudet University.*

*Kaplan, D. and DeWitt, J. (1993). Telecommunications and Persons with Disabilities: Building the Framework.* The Second Report of the Blue Ribbon Panel on National Telecommunications Policy, *(pp. v-vi).*

*Kellogg, B. (1995, March). Educational Interpreting—Inclusion and Quality.* Views, *12 (3), pp. 1, 30.*

*Kentucky Association of the Deaf (1994, October 1).* 1st Annual Symposium on Deaf and Hard of Hearing Kentuckians. *Lexington, Kentucky: Kentucky Association of the Deaf.*

*Kentucky Commission on the Deaf and Hard of Hearing (1985, September 14).* Task Force on Education of Deaf and Hearing Impaired Students: Study and Recommendations. *Frankfort, KY: Kentucky Commission on the Deaf and Hard of Hearing.*

*Kentucky Commission on the Deaf and Hard of Hearing (1995, April 10).* Task Force on Services to Persons Who Are Deaf or Hard of Hearing: Mental Health Work Group Report. *Frankfort, KY: Kentucky Commission on the Deaf and Hard of Hearing.*

*Kentucky Department for Mental Health and Mental Retardation Services (1994, October 3-5). Let's Talk about Mental Illness: Creating a Mental Health Service System for the 90's and Beyond.* Proceedings of the Sixth Mental Health Institute Update, Louisville, Kentucky. *Frankfort, KY: Kentucky Department for Mental Health and Mental Retardation Services.*

*Kentucky Department for Mental Health and Mental Retardation Services (1995, July 1).* Advisory Committee for Mental Health Services for Deaf and Hard of Hearing: Biennial Report. *Frankfort, KY: Kentucky Department for Mental Health and Mental Retardation Services.*

*Kentucky Information Highway and Communication Services. (1994, July 12).* Kentucky Finance and Administration Cabinet proposal report, *pp. 2-3. (Available from Finance and Administration Cabinet, Capital Center, Frankfort, KY 40621).*

*Kentucky on the Move: Toward the 21st Century (1991, September).* Report of the Department for Mental Health and Mental Retardation Services, *Commonwealth of Kentucky.*

*Kirchner, C., Caccamise, F., Dirst, R., Heil, J., and Olsen, L. (1980) The RID National Evaluations System (NES) and Certification. In F. Caccamise, R. Dirst, et. al. (Eds.)* Introduction to Interpreting. *Silver Spring, MD: RID Publications.*

*Klopping, H. (1969, August 15). A Report of Two Studies: A Survey of Prevalent Attitudes Among the Adult Deaf Towards Community Service Agencies and Sentiments of Leaders of the Deaf in Regards to the Establishment of a Counseling, Information, and Referral Center in Los Angeles. Unpublished manuscript.*

*Knisley, M. B. (1989, October 10). Accessibility of Appropriate Mental Health Services for Persons Who Are Hearing Impaired.* Mental Health Bulletin, *Department of Public Welfare, Commonwealth of Pennsylvania.*

*Kosovich, M., (n.d.). VR and People Who Are Hard of Hearing: Where do we go from here?* American Rehabilitation, *19 (4), pp. 16-24. Washington, DC: Rehabilitation Services Administration.*

*Layh, J., Rhodes, M., and Smith, B. (1990, June 5-9). Regional Consortiums: A Strategy for Increasing Deaf Helpers and Strengthening Support Networks.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 159-176). Washington, D.C.: Gallaudet University.*

*Legislative Research Commission (1983, November). Role and Mission of the KSB and the KSD, Research Report No. 205. Frankfort, KY: Legislative Research Commission.*

*Leonard, , L. (1991, April). New Trends in the Study of Early Language Acquisition.* American Speech-Language-Hearing Association, *pp. 43-44.*

*Leovy, J. (1995, March 20). Despite Law, Jobs Are Scarce for Disabled.* The Los Angeles Times, *pp. A-1, 3.*

*Levesque, J. (1995). What Does DCARA Do and Who Are the People Behind It?.* DCARA News, *15 (7), p. 1.*

*Long, G. and Clark, D. (n.d.). Defining Traditionally Underserved Persons Who Are Deaf, NIU-RTC Research Brief.*

*Long, G., High, C., and Shaw, J. (1989). Directory of Mental Health Services for Deaf Persons, 2nd Edition. Little Rock, AR: American Deafness and Rehabilitation Association.*

*Long, N. and Eddy, B. (1994). Employment, Unemployment, and Vocational Rehabilitation Experiences of Deaf and Hard of Hearing Kansans.* Northern Illinois University Research and Training Center report. *(Available from College of Professional Studies, Northern Illinois University, DeKalb, IL 60115).*

*Long, N., Ouelette, S., Long, G. and Dolan, K. (1993-94, Winter). Historical Overview of Services to Traditionally Underserved Persons Who Are Deaf.* American Rehabilitation, *19 (4), pp. 2-7. Washington, DC: Rehabilitation Services Administration.*

*Markey, E. J. (1991). In Telecommunications and Persons with Disabilities: Laying the Foundation.* A Report of the First Year of the Blue Ribbon Panel on National Telecommunications Policy, *p. iii.*

*McCrone, W. (1990, June 5-9). Empowerment Through Advocacy by Deaf People for Meaningfully Accessible Substance Abuse/Alcoholism Treatment.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 105-118). Washington, D.C.: Gallaudet University.*

*McCrone, W. (1982, Fall). Serving the Deaf Substance Abuser. Unpublished Research Paper, Washington, D.C.: Gallaudet University.*

*Mental Health Service for the Deaf—State of Indiana (n.d.). People Ask for Help.* A Bulletin. *Indianapolis, IN: Mental Health Service for the Deaf—State of Indiana. (Available from Mental Health Service for the Deaf, 3000 W. Washington St., Indianapolis, IN 46222).*

*Miller, B. (1990, June 5-9). Courage to Change.* Proceedings of the conference on Substance Abuse and Recovery: Empowerment of Deaf Persons. *Washington, D.C.: College for Continuing Education.*

*Minutes. (1995, February 16). Interagency Service Meeting, Frankfort, Kentucky.*

*Mitchell, M. (1994, February). Specialty Certification for Educational Interpreters. Views, 11 (2), p. 14.*

*A Model Community Services Delivery System for Deaf People. (1976, July).* The Rehabilitation Center final report. *(Available from College of Education, University of Arizona, Tucson).*

*Modry, J. (1990, June 5-9). Substance Abuse and AIDS Prevention for the Deaf/Hard of Hearing.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 21-32). Washington, D.C.: Gallaudet University.*

*Moores, D. (1991). Dissemination of a Model to Create Least Restrictive Environments for Deaf Students.* Final Report to National Institute on Disability and Rehabilitation Research. *Washington, D.C.: Gallaudet University.*

*Moses, C. (1990, Spring). Where Do We Stand? Trends in Society Affect Mental Health Programs.* Gallaudet Today, *20 (3), pp. 2-5.*

*Myers, L. (1992, July 5-8). Oppression and Identity: The Shame-Addiction Connection.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 117-126). Washington, D.C.: Gallaudet University.*

*National Center for Health Statistics. (1994). Data from the National Health Interview Survey, Series 10, Number 188, Table 1.*

*National Institute of Health Consensus Statement. (1993, March 1-3). Early Identification of Hearing Impairment in Infants and Young Children, 11 (1). Bethesda, MD: Department of Health and Human Services.*

*New York State Guidelines for Educational Interpreting. (n.d.). (Available from the University of the State of New York, the State Education Department, Albany, NY).*

*9-1-1 Recommendations for the State of North Carolina. (1994).* North Carolina Division of Services for the Deaf and Hard of Hearing report. *Raleigh, NC.*

*1994-95 Fact Book: Deaf and Hard of Hearing Services Division. (1994).* Minnesota Department of Human Services report. *St. Paul, MN: Minnesota Department of Human Services.*

*Norris, R. (1995, Spring/Summer). From the Editor.* South Dakota Association of the Deaf News, *10 (1), 2.*

*Northern Illinois University Research and Training Center on Traditionally Underserved Persons Who Are Deaf (1994, August 14-16).* Proceedings of the First National Mental Health/Deaf Services State Coordinator Conference, *Arlington, Virginia. DeKalb, IL: Northern Illinois University.*

*Owens, T. (1995, June 16). Business Letter to Bobbie Beth Scoggins, Executive Director of the Kentucky Commission on the Deaf and Hard of Hearing.*

*Perspectives: An AH & RW Interview Feature (1980/81, Winter).* Alcohol Health and Research World, *57-63.*

*Pollard, Dr. (1987). Hearing Loss and Mental Health. SHHH Information Series # 203. (Available from Self Help for Hard of Hearing People, Inc., 7800 Wisconsin Ave., Bethesda, MD 20814).*

*Quintero, G. (1990, June 5-9). Family Intervention with a Deaf Substance Abuser.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 68-74). Washington, D.C.: Gallaudet University.*

*RID Views. (1994, March). National Interpreter Crisis Declared, p. 1 .*

*Rogers, W. (1989, October 13). Business Letter to Kevin J. Hable, State Budget Director for the Governor's Office for Policy and Management.*

*Rosen, J. (1990, June 5-9). Legal Rights of Drug Addicts and Alcoholics in the Workplace.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 136-143). Washington, D.C.: Gallaudet University.*

*Rossetti, L. (1991, April). Communication Assessment: Birth to 36 Months.* American Speech-Language-Hearing Association, *pp. 45-46.*

*Sachs, B. (1978, Fall). Report of Task Subpanel on Special Populations.* Mental Health in Deafness, *2, 3-5.*

*Sachs, B. (1978, Fall). The Mental Health Needs of Deaf Americans.* Mental Health in Deafness, *2, 6-13.*

*St. Peter Regional Treatment Center (n.d.). Deaf Services. Unpublished information document. (Available from St. Peter Regional Treatment Center, 100 Freeman Drive, St. Peter, MN 56082).*

*Sandberg, K. and Modry, J. (1992, July 5-8). Prevention Works . . . If We Work Together.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 95-116). Washington, D.C.: Gallaudet University.*

*Schick, B. (1995, August 16). Business letter enclosure to Dana Parker, Kentucky Commission on the Deaf and Hard of Hearing.*

*Schick, B. and Moeller, M. (Eds.) (1993). Sign Language in the Schools: Current Issues and Controversies. Omaha, NE: Boys Town Press.*

*Scoggins, B. (1990, July 18). Awakenings 12-Step Curriculum. Unpublished research paper. Malibu, CA: Pepperdine University.*

*Smith, E. (1990, November 2). Interoffice Memo to Peggy Wallace, Deputy Commissioner for Kentucky Cabinet for Human Resources.*

*Soukup, B. (1994, August 3). Business Letter to Bobbie Beth Scoggins, Executive Director of the Kentucky Commission on the Deaf and Hard of Hearing, Frankfort, KY.*

*Standing Committee on Services to Individuals with Hearing Impairments, Council of State Administrators of Vocational Rehabilitation (1990). Little Rock, Arkansas: University of Arkansas Rehabilitation Research and Training Center on Deafness and Hearing Impairment.*

*State of North Carolina Department of Human Resources (1992, April 6).* Joint Proposal for Mental Health Program for the Deaf and the Hard of Hearing. *Raleigh, NC: State of North Carolina Department of Human Resources.*

*Steinberg, A. (1991, April). Issues in Providing Mental Health Service to Hearing-Impaired Persons.* Hospital and Community Psychiatry, *42 (4), pp. 380-389.*

*Sternburg, M., Tipton, C., & Schein, J. (1973).* Curriculum Guide for Interpreter Training. *New York, NY: Deafness Research and Training Center.*

*Stout, C. (1995, March). Deaf and Hard of Hearing North Carolinians' Bill of Rights.* The DSD/HH Insider, *4 (3), pp. 8-9.*

*Stout, C. (1994, December). Hearing People: An Important Part of the Deaf Community and the Hard of Hearing Population.* The DSD/HH Insider, *4 (2), pp. 11-13.*

*Strategies for Serving Deaf-Blind Clients. (1984, June).* Eleventh Institute on Rehabilitation Issues report. *(Available from Arkansas Research & Training Center in Vocational Rehabilitation, University of Arkansas, Hot Springs, AR).*

*Stuckless, E., Avery, J., and Hurwitz, T. (Eds.) (1989). Educational Interpreting for Deaf Students.* National Task Force on Educational Interpreting report, *pp. 1-2. (Available from Rochester Institute of Technology, P.O. Box 9887, Rochester, NY 14623-0887).*

*Swan, K. (1992, July 5-8). Treatment Strategies for Dually Diagnosed Clients.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 57-73). Washington, D.C.: Gallaudet University.*

*Telecommunications and Persons with Disabilities: Laying the Foundation—A Report of the First Year of The Blue Ribbon Panel on National Telecommunications Policy (1991).* A Report by the World Institute on Disability, *pg. iii.*

*Texas Commission for the Deaf and Hearing Impaired (Revised April 1993).* A Resource Handbook on Interpreting, Interpreter Certification, Principles of Ethical Behavior. *Austin, TX: Board for Evaluation of Interpreters/Texas Commission for the Deaf and Hearing Impaired.*

*Tomlinson, P. (n.d.) Assessing Service Delivery to Individuals Who Are Hard of Hearing and Late Deafened; A Guide for Agency Administrators. Arkansas; University of Arkansas/Region VI Rehabilitation Continuing Education Program.*

*Turechek, A., Ed. D. (1976). The Interpreter—A Bridge Between The Deaf and Hearing Worlds.* The Deaf American, *Publication of the National Association of the Deaf, Silver Spring, MD, p. 5.*

*Vernon, M. (1980, April). Perspectives on Deafness and Mental Health.* Journal of American Deafness and Rehabilitation Association, *13 (4), pp. 8-13.*

*Walter, V. (1990, September). Inside Out: Two Deaf Individuals Describe Their Mental Illness.* Gallaudet Today, *12-15.*

*Watson, E., Schroedel, J., and El-Khiami A. (1988). A National Study of Postsecondary Education of Deaf Students. In D. Watson, G. Long, M. Taff-Watson, and M. Harvey (Eds.),* Two Decades of Excellence: A Foundation for the Future. *Little Rock, AR: American Deafness and Rehabilitation Association.*

*Wax, T. (1990, October). Deaf Community Leaders as Liaisons Between Mental Health and Deaf Cultures.* Journal of American Deafness and Rehabilitation Association, *24 (2), pp. 33-40.*

*Weir, I., Bonham, G., and Hunter-Manns, J. (c. 1989). Kentucky Statewide Study of Persons with Disabilities. Kentucky Department of Education and Office of Vocational Rehabilitation, in conjunction with the Urban Studies Center, University of Louisville. Frankfort, KY.*

*Weitzel, C. and Swan K. (1992, July 5-8). Clinical Approaches to Chemical Dependency Treatment With Deaf and Hard of Hearing Clients.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 41-55). Washington, D.C.: Gallaudet University.*

*What Is the KET Star Channels Satellite System? (1994).* The Kentucky Network report. *(Available from KET, The Kentucky Network, 600 Cooper Drive, Lexington, KY 40502-2296)*

*Whitehouse, A. (Com. and Ed.) (1990, June 5-9). As We See It Report of Task Force Plenary.* Conference Proceedings of the Substance Abuse and Recovery: Empowerment of Deaf Persons *(pp. 205-210). Washington, D.C.: Gallaudet University.*

*Wilson, J. (1992, May 8). Business Letter to Marie Chretien, Regional Manager for the Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta, GA.*

*Wright, Gary L. (1994). N.C. Mental Ward Frees Deaf Man Held since 1925. Lexington, KY: Lexington Herald Leader.*

*Wyatt, T. and White, L. (1993, Fall). Counseling Services for the Deaf Adult: Much Demand, Little Supply.* Journal of the American Deafness and Rehabilitation Association, *27 (2), pp. 8-11.*

*Zangara, D. (1992, July 5-8). "Me Too!" A Substance Abuse Prevention Project for Deaf Youth.* Conference Proceedings on The Next Step: A National Conference Focusing on Issues Related to Substance Abuse in the Deaf and Hard of Hearing Population *(pp. 13-18). Washington, D.C.: Gallaudet University.*

*Zawolkow, E. and DeFiore, S. (1986) Educational Interpreting for Elementary and Secondary Level Hearing-Impaired Students.* American Annals of the Deaf, *131, pp. 26-28.*